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SOME NEW DISCOVERIES IN REGARD TO ERYSIPELAS.—In a paper read before the Cincinnati Medical Society (Lancet and Clinic), Dr. Joseph Eichberg gives a resumé of a treatise on the etiology of erysipelas by Fehleisen, of Berlin, which treatise he regards as another step in the gradual perfection of our knowledge of the disease. He refers to the various theories of the causation which have obtained, beginning with Galen, who referred the cause to disturbances of the biliary secretion, and continuing down the line to Hüter, who advanced the theory that the erysipelatous virus belonged to the class of micro organisms. Subsequent investigations have confirmed the theory by demonstrating the presence of micrococci and bacteria. The author differs from Hüter, who considers the virus to be small micrococci in active movement, while he lays special emphasis on the fact of their immobility.

Fehleiseu's experiments succeeded in isolating the erysipelas micrococci and in propogating them by culture, producing in this manner in the course of two months, fourteen generations. In the manner of their growth they presented peculiarities which once enabled him to distinguish them from the micrococci of pyæmia and other affections whose forms are morphologically identical with those of erysipelas. The inoculation of rabbits with these artificial culture fluids produced a disease absolutely identical with erysipelas. Patients in the hospital were also inoculated with identical results. In selecting patients for these experiments a double purpose was sought to be accomplished. Remembering the frequent mention in the literature of the subject, of the favorable influence exerted by a concurrent attack of erysipelas in cases of neuralgia, typhoid fever, acute rheumatism, chronic diseases of joints and various forms of syphilis, lupus and many neoplasms, five of the patients selected for the experiments were affected with morbid growths and two with lupus. In six of the seven cases erysipelas was promptly developed; the seventh case had had numerous previous attacks of erysipelas, the last occurring but three or four months previously, and was supposed to have thus established a tolerance for the virus. Without considering each of these cases in detail, it may be stated that the development of erysipelas in no case did harm, while in three the therapeutic effect was quite satisfactory. Such inoculations are, however, permissible only when hope of benefit from operative interference has passed.

Aside from their therapeutic effect, these experiments are worthy of consideration in deciding the question of the origin of erysipelas. All cases were types of pure erysipelas as determined by Bergmann, who examined them all in common with many of his colleagues of the Würzburg clinic. In regard to the researches of Lukomsky, Billroth, Ehrlich and Tillmans, who found the micrococci in the lymphatics of the skin and subcutaneous fat, and in the blood-vessels, liver, kidney and substance of the heart, it may be safely presumed that in these cases there was a complication with pyæmia or lymphangitis or phlegmon; in the uncomplicated affection the micrococcus is found only in the lymphatics, which is characteristic of the affection. The spread of the disease does not occur, as in lymphangitis, along the course of the lymph stream, but the dissemination takes place in all directions, frequently against the direction of the lymph current.

With reference to the spread of the disease in any community, there can be no doubt that it is con-

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Presented by
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Antisepsis in Surgery.—It would be as great a mistake to assume that the growing distrust of carbolic acid as a dressing to wounded surfaces did not antedate Lister's repudiation of the drug for this purpose, before the late International Medical Congress, as it would be to declare that the essential principle involved in its use has in the least suffered through the disrepute into which Listerism, as it was originally promulgated, has fallen. While it may be true that "Listerism ist todt," the statement applies not to Listerism in its essence. That has propably a stronger hold on the professional mind to day than ever. Out of the crudities of the plan of the great Scotch surgeon there have been evolved methods to which none of the dangers of that plan attach. Out of Listerism dead there have arisen methods which would probably never have taken root in any other soil. Listerism was the fore-runner of the gospel of perfect cleanliness, and there is a very considerable number of eminent surgeons who maintain that cleanliness is the essential factor in all the forms of antiseptic dressings which have been and are still commended.

The New York Medical Journal of the 6th inst., contains a symposium by leading New York surgeons on the subject of antiseptic dressings. It is exceedingly interesting as an index of the present status of this important question. Dr. Willard Parker, Emeritus Professor of Surgery in the College of Physicians and Surgeons, opens the ball by the statement that Listerism did not come into vogue until after he had in a great measure withdrawn from the active practice of surgery, and that, therefore, his impressions of it were rather from observations of its results in the hands of younger men than from personal experience. He regards carbolic acid as employed in this method as of the most signal advantage in the treatment of cases confined in close, ill-ventilated rooms or within the range of exhalations from diseased surfaces in other patients. He is not convinced, however, that it is of any direct advantage where the patient's constitution and general health are such as they should be, and the wound is kept perfectly clean. He regards the details of Listerism as chiefly important in an indirect way, viz., in calling the attention of the operator, assistants and nurses to the never-ending necessity of cleanliness which is next to godliness.

Dr. H. B. Sands, Professor of Surgery in the College of Physicians and Surgeons, declares the aim of antiseptic surgery to be simply to prevent putrefactive changes in the wound. He adopts without reserve the germ theory of putrefaction and declares that when this process occurs in a wound it is caused by the entrance of air containing solid particles which act as ferments. As a means of disinfecting the hands of operator and assistants and of purifying instruments he still employs carbolic acid, believing that this antiseptic is superior to all others for this purpose. As a dressing for the wound he, however, has found nothing equal to iodoform. A piece of iodoform gauze, 10 per cent., of six to eight layers in thickness, is laid over the line of union. Over this is placed a thick pad of salicylated absorbent cotton, then a piece of gutta-percha tissue and finally a bandage. After operations involving a loss of integument so as to prevent closure of the wound, he commends very highly a watery solution of 1 to 2500 (about gr. jv to Oj) of corrosive sublimate. Its advantages are its freedom

from odor, its highly antiseptic character and the comparative absence of danger from toxic symptoms. Dr. Sands cites, as illustrating the efficacy of antiseptic dressings as employed by him, the fact that in the surgical service of Roosevelt Hospital, with seventy-five beds, there has for over three years been no occurrence of septicæmia or pyæmia following an operation. Such results are certainly very surprising.

Dr. Robert F. Weir, Surgeon to the New York and Bellevue Hospitals, is pronounced in his preference for carbolic acid as a germicide, but recognizes the dangers of poisoning attendant on its use. He cites one fatal case and two presenting alarming symptoms as occuring during the past year, in illustration of this danger. Iodoform is a valuable antiseptic but is not free from danger, although the percentage is less than from the use of carbolic acid. This danger has already caused a falling off of its reputation in Germany. He has found a spray of a solution of corrosive sublimate, 8 grains to the pint, a very excellent antiseptic dressing. Carbolic acid is to be preferred as a disinfectant for instruments, the corrosive sublimate being apt to dull the cutting edge. Dr. Weir does not endorse the statement made by Tait that the antiseptic treatment of wounds is valuable only in so far as its details ensure cleanliness, a statement which is, moreover, not borne out by the experience of other foreign surgeons. He attaches great importance to personal cleanliness and disinfection of the hands of surgeon and assistants, and of instruments, sponges, towels, etc., carbolic being preferred for this purpose.

Dr. J. Williston Wright, Professor of Surgery in the Medical Department of the University of New York, gives his views in the form of categorical replies to questions propounded by himself. He endorses antiseptic surgery in so far as this implies thorough cleansing and disinfection of the hands of surgeon and assistants, and of instruments, sponges, towels, etc.; purification of the patient's apartments of such elements as are supposed to develop septicæmia, pyæmia, or erysipelas; the evacuation of pus or other inflammatory products, or, in other words, perfect drainage; and perfect cleanliness of the wound and everything (atmospheric air included) which comes in contact with it. He does not endorse antiseptic surgery if by the term is meant the details of the Listerian method; if it implies that state of perfection which predicts absolute certainty of results in a given operation; if it would compel us to discard in all cases the open treatment of Humphrey, and the water-dressings of Sir William Ferguson, as relics of a barbarous age; if it would have us believe that the statistical records bearing on this question have always been fairly, honestly or impartially made; or, if the results as obtained under Lister's method are not largely due to the free drainage, improved state of hospital hygiene, the abundant air-supply, avoidance of overcrowding, etc., which have been employed in conjunction with that method, but are no essential part of it. As regards carbolic acid, he regards it as a valuable stimulant to the parts to which it is applied. Like many other allied substances, it protects a sore from the air, hardens and contracts its surface, thereby lessening its secretion, and so favors those processes of nature whereby alone perfect repair can take place. But he has serious doubts whether its virtues in these respects are especially greater than those of alcohol, creosote and many of the terebinthinates, or that they are at all comparable with those of, for instance, Peruvian balsam.

Dr. William T. Bull, Surgeon to St. Luke's and Chambers Street Hospitals, pronounces in favor of Listerism in hospital practice, but holds that its details must always be a barrier to its adaptability to private practice. In the latter he would substitute the employment of iodoform gauze (made by rubbing the crystals into the meshes of well-washed cheese-cloth) or compresses of lint or gauze wet in a two-and-a-half per cent. solution of carbolic acid. The "protective" may be dispensed with. He lays great stress on thorough drainage of wounds, thorough cleansing of the hands of all having to do with the operation, and disinfection of the instruments, using for this purpose a five-per-cent. solution of carbolic acid. He adds a word of caution also as to the infection of wounds by the practitioner, holding that as the germ of puerperal septicæmia may be carried from patient to patient, so may the surgeon also carry the germs of the disease from one wound to another, and citing instances in which such conveyance was clearly demonstrable.

The deductions from the above are so clear as to obviate any necessity of further indicating them.

ACUTE AMERICANITIS.—This term is the coinage of a Mr. Williams, a scientific Englishman, who recently returned to his home from a visit to this country. Its characteristic symptom is a rapid destruction of adipose, and its most likely victim the rotund and rubicund Briton who visits our shores. Mr. Williams had a son who came to this country on a scientific expedition. After being here for a short time, his letters exhibited a state of abnormal excitement, and as to his physical development, he became tall, thin, lantern-jawed and sallow. He cites also the case of Professor Proctor, the gentleman who traveled through this country a few years ago giving popular lectures on astronomy. Mr. Proctor lost thirty pounds of flesh in a few months from "Americanitis." He compares these examples with the typical Yankee with whom he is, doubtless, most familiar as he is represented in the ideal pictorial illustration of Brother Jonathan, and finds that they tally to a T. He forthwith assumes that all Americans are thin and cadaverous, and that our climate is to blame. The assumption is clearly without sufficient basis and is, moreover, opposed to facts. While the American does not, as a rule, exhibit the rotundity and rubicundity of the Englishman, the cause is not far to seek, and has certainly little to do with climate. The records show that the passengers who came over on the May-

flower were by no means conspicuous for fullness of habit, in which regard they furnish a marked contrast with many of their lineal descendants of to-day, who, being blessed with more of this world's goods than their ancestors, not only enjoy more of the *otium cum dignitate* than did they, but have also better filled larders, and are not given to the same abstemiousness in the matter of those stimulating beverages whose tendency is also to retard waste. If the average American is less florid and obese than the average Englishman (and he is), it is because he is more temperate in his eating and drinking, and because he is not given to the leisurely habits of the latter. In this fact rather than in the differences in climate is, doubtless, to be found the cause of any preponderance of adipose or solid constituents of the blood in the Englishman, as compared with the American. Mr. Williams' son and Professor Proctor, during their visit to this country, undoubtedly did more work than was their wont at home, and in consequence of the same physical law which is operative here and there, there was increased consumption of the hydro-carbons. A very considerable opportunity of observing immigrants as they came to this country during the same season, revealed none of the striking difference in their favor as regards bodily nourishment,

Mr. Williams' remedy for "Americanitis" is unique: He advises the victim of the affection to return to his native soil, or, rather, to the native soil of his progenitors! He lives here under unnatural conditions, and the breezes and emanations from the soil, whence sprung the parent stock, are necessary to restore his vigor!

Of a piece with the sample of hasty generalization given above, are the utterances of Mr. Herbert Spencer, at the banquet given him in New York prior to his return to England. The burden of these was that Americans are overworked, and that the nation is suffering because of too little relaxation. Mr. Spencer spent a few weeks amid the bustle and whirl of the metropolis, where life is naturally intensified and where the speculative mania of this continent centers, and he adjudges the country by what he observed there. The people of this country are not overworked, and even in the individual cases of unwonted application from which Mr. Spencer generalizes, it is not the work, but the worry and anxiety which wear. Mr. Spencer is himself a thorough refutation of the position which he assumed in his remarks. He has attained his three score years and enjoys the average health of his time of life, even in England, where they do not work so hard, and this, too, in spite of the fact that no living writer or thinker has done as much work as he. As a generalizer, he had only one who was his equal, Charles Darwin, but he committed an error on the occasion referred to. His remarks have furnished a text for a number of sermons on the necessity for more relaxation, but in our opinion this necessity does not exist.

In contrast with the views as to the physique of the natives of this country as given above we cite those expressed by another distinguished Englishman, who has recently been wined and dined on his visit to our shores—Mr. Seymour Hayden. Mr. Hayden is a surgeon of note, who, by devoting his leisure hours to art, has become, by unanimous consent, the finest etcher of modern times. In the course of an after-dinner speech before the Lotos club in New York he said:

"Strange to say, that very reputation for energy which has been found fault with by Herbert Spencer, has been a great attraction for me, in the visit which I am now paying you. I only wish that we had a great deal more of it on our side of the Atlantic. I disagree *in toto* with Mr. Herbert Spencer. It has been my business and my pleasure to see the effect of work, and to judge of it, and I can honestly say that I never saw, in all my professional career, the least injury to life or health result from what Mr. Spencer calls overwork. Only the other day, just before I left England, I was met in consultation by one of the most eminent physicians in London, Sir William Gull. The case before us was that of a man who was said to be suffering from overwork. I asked Sir William Gull if he had ever met with a case of mischief or injury arising from this cause, and he said he had not. So for once, at least, the doctors agreed."

Laceration of the Cervix Uteri.—It is only of comparatively late years that this condition came to be recognized as a frequent occurrence and as the cause of many of the chronic affections to which the female is prone because of her possession of a womb, viz., uterine hypertrophy, defective involution, menorrhagia, dysmenorrhœa, displacements, leucorrhœa, sterility, etc. In this country—the home of gynæcology—the difficulty is peculiarly prevalent, at least if we are to judge of its prevalence by the number of operations for its relief which have been reported. The gynæcologist who has not reported his score of such operations, is indeed rarer than the one who has not invented a speculum. It is, however, a singular fact that there is a wonderful disparity between the frequency of the affection in this country and in other countries, England, for instance. Why this is so it is difficult to understand, for the same cause, to wit, parturition, is certainly as operative there as here. Whether it actually occurs more or less frequently there than here, would, perhaps, be a somewhat difficult question to determine, but this much is certain, it is not recognized there as the fruitful cause of the conditions indicated as due to its existence in this country. English gynæcologists either persistently close their eyes to facts, or our American specialists attach undue importance to laceration of the cervix. It is more than probable that the frequency of the operation in this country is largely due to one of the fashions by which gynæcologists, more, perhaps, than any other specialists, are swayed. It was, a very short time since, the fashion to slit the

cervix for many uterine complaints, but we now hear very little of the conical cervix, the existence of which, a few years ago, rendered slitting so frequently necessary.

We believe the "craze" for operating for laceration of the cervix is subsiding somewhat; there are at least indications of its subsidence in certain quarters. And this change of views regarding it is due to a different conception of the pathological condition from that under which the operation was deemed so imperative. The views of Dr. J. Henry Bennet are coming to be regarded. Dr. Bennet, while he does not deny the frequency of lacerations of the cervix, regards them as an effect rather than as a cause of uterine trouble. He insists that in the cases of rigidity of the os during labor, which results in laceration, the rigidity is the result of prior disease and is generally accompanied by inflammatory lesions, such as erosion or ulceration, evidently of old origin, and long antecedent to the time of labor. Nature prepares the cervix during the last months of pregnancy for parturition by change of its structure. In the case of the diseased cervix, however, which is hypertrophied, or indurated by chronic inflammatory action, the normal softening does not take place and consequently the normal dilatation is impeded. Laceration is usually the result in such cases. The condition of the parts as it existed before gestation has become aggravated by the increased functional activity peculiar to tha period. In a reasonable time after delivery, the woman has failed to recover her health, has leucorrhœa, etc., and an examination reveals the laceration, and on it is laid the blame. It is the *post hoc propter hoc* over again.

If this view of the pathology of these lacerations be conceded, the means for their relief will not consist in the plastic operation, but rather in medicinal measures, measures to relieve the condition to the existence of which the laceration was primarily due and in the persistence of which rests the cause of the manifold symptoms. The measures are constitutional and local, the constitutional being rest, hygiene and general medicinal agencies; the local, such agencies as are resorted to for the relief of similar pathological conditions obtaining elsewhere, viz., emollients, local depletion, astringents, iodine, etc. Such treatment is proper conservatism and should at least be given an honest trial before gratifying the passion for using the knife.

We are in receipt of a reprint of a paper on a "Contribution to Surgical Gynæcology," read by Dr. E. W. Jenks, of Chicago, before the 1882 meeting of the Illinois State Medical Society, in which the author discusses in his usual lucid style questions which have for some time been prominent in the gynæcological world: laceration of the cervix, cicatrices of the vagina and perinæum ovariotomy, Porro's operation and Battey's operation. While this whole pamphlet will richly repay perusal, we have space only to quote from the part treating of laceration of the cervix, as indicating the more recent views of advanced members of the profession regarding the operation for its relief:

"We are warranted by the past experience of many, in the statement that it is one of the greatest advances in modern gynecology. At the same time it is an operation which, to the writer, seems liable to many and great abuses. It is such an easy solution of the trouble where there is suffering from many derangements of the ganglionic system, to attribute every discomfort of laceration, if there is found by physical examination of the cervix uteri that it has been torn. Now, many such patients are at once advised to have an operation, and yet many who are successfully operated upon are no better than prior to the surgical procedure. Under such circumstances the operation is brought into disrepute, and faith in its utility weakened or destroyed. In what class of lacerations will the best results follow restoration? Unless the surgeon is able to answer this question, or has some fixed belief on the subject, he will often meet with disappointment. The mere fact that, associated with certain symptoms and sufferings, there is also a laceration of the cervix uteri of greater or less extent, does not cause it to follow in every instance that an operation will end the symptoms and sufferings. The gynecologist who has had much experience with this operation can look back upon many disappointing cases. Here, as elsewhere, experience proves a valuable teacher. The writer's experience has taught him that the most satisfactory results follow the operation in those cases where there is the most cicatricial tissue, with more or less connective tissue growth, the neck being enlarged and cystic degeneration or nabothian glands notably developed. Those instances where there have been lacerations, leaving but few or no cicatrices, no ectropion, no particular enlargement of the organ, and no nabothian bodies visible, do not particularly demand an operation, and are usually the disappointing ones. On the other hand, where there exists an hyperplasia of any part of the uterus, there is no therapeutic agent or mode of treatment to be compared in good results to the operation under consideration. In many cases of this character by cutting away a small V-shaped piece from either one of the uterine lips, and securing union by the first intention with the aid of sutures, often proves, by causing a process of involution, one of the most efficacious remedies in uterine hyperplasia, although there has been no laceration.

It may be given as a general rule that even where there is laceration, an operation is not required if there is no eversion. On the other hand, it may be said with equal emphasis, that an eversion cannot be cured by any kind of topical application.

It should not be forgotten that there is, in connection with the operation of thrachelorrhaphy an important prophylactic measure, namely, the prevention of epithelioma. There is every reason for believing that if the cervix is torn, and there is eversion in consequence, the constant irritation of the raw everted lips may be the starting point of a cancer. With this belief, although in violation of the general rule above stated, we may be warranted in operating

for a lacerated cervix, where there is no marked eversion or no constitutional symptoms, if we have reason for believing that such a patient has an hereditary tendency to cancer."

SHORT WEIGHT QUININE PILLS.—The Medical News, of Philadelphia, has thrown a bomb into the ranks of the manufacturing pharmacists by the publication of an analysis of two-grain quinine pills, as selected from packages put up by seven of the leading manufacturers in this country. We shall not attempt to follow the News' "commissioner" through the details of his analysis, contenting ourselves with a reference to the conclusion to which such analysis has led him, viz., that out of the seven pharmacists, there is but one whose pills contain the amount of quinine which they are represented to contain on the label, the deficiency varying from 5 to 20 per cent. Such a statement is manifestly calculated to excite considerable surprise, to say the least. Had several, or a majority of the firms whose goods were tested and whose reputation for honesty and competency has up till now been unquestioned, been found to conform quite nearly to the standard, the analysis as given would have been received with less suspicion, for without necessarily imputing dishonesty to the rest it would have been easy to suppose that in the process of manufacture a certain percentage of waste might have occurred. It would, however, be an abuse of charity to attempt to cover six out of seven, and a twenty per cent. deficiency, with this cloak. One is consequently forced to one of two conclusions: either our manufacturing pharmacists have been guilty of systematic deception and spoliation, or there has been a mistake in the analysis. In deciding between these two horns of the dilemma, it will be necessary to go back of the face of the returns. On the part of the accused, we have long years of reputation for uprightness and competency in manufacture. Such reputation is always entitled to weight. We have, moreover, a confidence in them by their patrons, a confidence which is a plant of very slow growth and to deliberately do aught to impair which would be direct suicide to all business interests and jeopardy to large amounts of capital invested. We have thus not only a reputation for honesty, but the strongest of all human motives (self-interest) to maintain that reputation untarnished. Without looking for further evidence on the part of the defence, the testimony brought to offset it must be strong and unimpeachable. No mere charge on the part of a journal, no matter what the standing of that journal, will be sufficient to vitiate the claim which such manufacturers make on the labels of their goods. Does the testimony as offered by the Medical News come up to the required standard? In our opinion it certainly does not. In the first place the analysis has not the weight of the signature of any chemist whose name is a guarantee not only of thorough honesty, but of indisputable competency. It bears no signature whatever, and the endorsement of even our esteemed contemporary is not sufficient to satisfy a judicial or an unprejudiced mind that its "commissioner" possesses the requisites referred to. The News has not only omitted the name of the analyst, but has we are advised, refused to reveal it even under great pressure. Its statements are therefore nothing more than hearsay testimony, and as such are, in law and in equity, entitled to no consideration. Why it should refuse to reveal the name of its "commissioner" under the circumstances, it is difficult to conjecture. The presumption is that its course is dictated by the analyst himself, who is not sufficiently confident of his conclusions to risk his reputation on their correctness.

It requires but a superficial knowledge of analytical chemistry to convince one of the difficulty which must be experienced in separating the pure anhydrous salt from its combination with the excipient in the sugar- or gelatine-coated pill. It is, moreover, a noteworthy fact that in the analysis given by the Medical News, the "pill" which was found to contain the full complement of quinine, was not a pill at all, but what is known as a "Compressed Tablet"—a form, by the way, of which we have no recognition either in works on pharmacy or in the U. S. Pharmacopœia—a preparation intimately associated with nostrums protected by copyright or patent, and as such the Medical News, as it is a representative of regular medicine and governed by the recognized code of ethics compromises itself by noticing it. The "Compressed Tablet" is an uncoated mass, and as such would present none of the difficulties to our analyst which would face him in the case of the sugar and gelatine-coated pills. Is there not something quite suggestive in this fact?

Since the analysis of the Medical News was published, we have received a number of sworn statements from several chemists to the effect that their examinations of certain of the pills pronounced deficient had shown them to contain the full complement of quinine as advertised. Such affidavits are of themselves, and without any reference to the circumstantial evidence in the case, it seems to us, sufficient to cast no little doubt on the correctness of the analysis which has thrown an imputation on the character of the leading manufacturing chemists of this country.

TREATMENT OF TAPEWORM.—Dr. Squibb is more familiar to the profession of this country as a pharmaceutist than as a therapeutist. He, however, in a recent number of his Ephemeris gives the result of a personal experience in the detaching of the head of a tapeworm. He had observed when he served as demonstrator of anatomy, many years ago, that there was great variation as to the location of the head. Sometimes it would be found attached up near the duodenum, and at other times down near the ileo-cæcal valve, while not unfrequently its hold was in a little pouch or under a fold of mucous membrane. He observed, however, that whatever the seat of attachment the head was imbedded in a

nidus of firm jelly-like substance, like inspissated mucus. It is this latter circumstance which, doubtless, prevents such contact of the parasiticide as to poison the worm sufficiently to make it let go its hold, and the line of treatment which he subsequently found quite effective in the case of others had especial reference to this circumstance:

After a light dinner, near the middle of the day, the patients should take no food, but may drink freely of water. At bed-time a saline aperient should be taken in effective dose, and there is nothing better than one or two Seidlitz powders. This aperient should be saline, because these cause a copious effusion of serous liquid from the whole mucous membrane of the canal, and this effusion taking place from the surface where the head of the worm lies protected by the dense mucus, detaches the mucus and washes it away, leaving the head bare for contact with the parasiticide, when otherwise it would pass over it without direct contact, and therefore, without effect.

Whether this aperient at bed-time operates at night or not, it should be repeated on the following morning, the patient still abstaining from food. After the second saline has operated freely, or say at about ten o'clock, the medicine should be given.

Four ounces of pumpkin seeds are well beaten in a mortar, half an ounce at a time, a few drops of water being added from time to time until they are made into a paste. The shells need not be rejected, as they are rather useful than hurtful. Water is then gradually added to the paste with trituration, until a tolerably uniform emulsion is made measuring about a pint. This may be flavored, if desired, and iced, and is to be given in three doses at intervals of about two hours, beginning at about ten o'clock. During this time the patient should lie quietly in bed and avoid all causes of nausea and vomiting, and should correct these if they occur by a little ice being taken into the mouth and stomach. The stomach in need of food will often digest the first dose, but a tendency to nausea will prevent the digestion of the other, and the third is often difficult to take without vomiting. By careful management and quiet the inverted peristaltic action may be generally avoided. But when it occurs early and is persistent the treatment is likely to fail, because the inverted action of the bowel prevents the emulsion from getting far enough down to come in contact with the head of the worm. Commonly, however, the peristaltic action will not be reversed and at about the time of the third dose or a little later there will be an alvine evacuation. But within an hour after the last dose, a half fluid ounce of castor oil should be given in a little ale or porter. The evacuations should be received in a vessel partly filled with water so that the worm can be easily examined from end to end of each portion without breaking, and when the part is reached where the links grow smaller great care should be taken to find the head, for unless this be found the success of the treatment is by no means assured. And if the head be not found, detached links may be expected in the stools within two or three months, and the treatment will need to be repeated with larger preliminary fasting and greater care.

In a second trial, or when persistent vomiting has interfered with the first to invalidate it, the oleoresin of male fern may be substituted for the pumpkin seed. This is more easily taken than the large doses of the emulsion, and is not so easily digested by the stomach, nor so liable to produce nausea, and from being an oleoresin, and therefore less soluble in the liquids, it is more likely to reach the head of the worm in a condition sufficiently concentrated to be a poison, but it is probably a less active poison to the head than the pumpkin seed.

The oleoresin may be given in emulsion made with sugar and gum arabic, or with glycogen, but is perhaps better given in capsules, containing about ten grains each. Two of these should be taken every quarter of an hour until twelve capsules have been taken, unless nausea occurs of sufficient severity to endanger their rejection. Under such circumstances eight or ten capsules may be used as being all that can be safely given.

The oleoresin has often, especially in cold weather and when of good quality, a thick granular sediment. This should be carefully stirred in before weighing, as it is a very important part of the drug.

Of course the same careful preparation of the patient is needed with this as with the pumpkin seed, and neither of them should be expected to succeed in obstinate cases without the careful preliminary treatment.

Bromo-menorrhœa or Offensive Menses.—The odor of the normal catamenia cannot be said to be offensive, although it may be peculiar. It has been likened to that of marigold (*calendula officinalis*) and Virchow attributes it to fatty acids. Occasionally, however, this odor is extremely offensive and that too without the existence of appreciable subjective symptoms. The means for its correction are not very thoroughly discussed in standard literature, and this fact attaches all the more interest to an able paper on the subject by Dr. Alfred Wiltshire, in the Medical Times and Gazette. He holds the increased activity during menstruation, of the sebaceous glands about the vulva, as largely responsible for the odor, but recognizes other causes. It is apt to be most offensive in the case of negroes and red-haired women. As a cause referable to the general system he mentions chlorosis and allied blood conditions. He has noted the fact that in patients suffering from ozæna the nasal discharge becomes more offensive with the approach of the catamenial epoch; and the same he has observed in chronic otorrhœa and onychia maligna.

The local causes may be grouped as follows:

(*a*) Attributable to prolonged retention and decomposition of clots and other *debris*, due either to mechanical obstruction to the exit of the flow (stenosis or flexion), or to deficient expulsive action

on the part of the uterus, often accompanied in either case by a scanty flow. (*b*) To the character of the discharges in certain morbid conditions and growths within the body of the uterus—for example, in subinvolution, particularly of the placental site—after abortions or confinements; in papillomatous and other diseases of the endometrium; in polypi, fibroids, sarcomata, epitheliomata, and other malignant growths of the interior of the uterus, usually where the discharge is not abundant, for if there be hæmorrhage enough to keep the *debris* washed away, decomposition may be prevented, except where fœtor comes on only on the subsidence of the flow. It is also an occasional, though rare, sequela of gonorrhœa, and that it accompanies certain degenerations of the endometrium.

In treatment, Dr. Wiltshire has found the syrup of the iodide of iron to yield the best results in chlorotic women; he often combines it with nux vomica. As adjuvants, and having more direct reference to the odor, he administers, unless otherwise contra-indicated, boracic acid, the sulpho-carbolates, salicin, quinine and iodine, although he is free to admit that the results from such remedies are not strikingly good.

It is obvious that when there is a mechanical obstacle to the escape of menses the remedy consists in overcoming it by appropriate measures. When there are grounds for believing the offensiveness to be due to retention of the menses from defective expulsion, oxytocics may be given—as quinine, cinnamon, borax, ergot, viburnum, and such like. When there is no obvious blood-impairment a suspicion of local trouble may be justifiable, and indicate exploration where it is admissible. But this is not always permissible, and should be refrained from whenever it can properly be avoided.

As regards local measures other than operative procedures (such as erasion, removal of morbid growths, and dilatation) injections and irrigations with deodorising materials are very useful. Solutions of boracic acid, sulphurous acid gas, carbolic acid, iodine (one fluid drachm of tincture of iodine to five fluid ounces of water, or stronger) and such like may be employed. Intra-uterine treatment of any kind, whether by injections or otherwise, should be employed with extreme circumspection at all times, and especially at the catamenial epochs. The intervals between the catamenia should be chosen for operative measures whenever these are indicated.

In virgins, in whom injections or similar procedures are inadmissible, and indeed in all cases, the offensive odor may be to some extent concealed and annoyance lessened by the use of charcoal in the diaper. Pieces of animal charcoal may be infolded in the diaper, or may be placed in a muslin bag, and applied in the usual manner.

Iodoform mixed with eucalyptus oil may be useful in certain cases, *e. g.*, in morbid growths; and when applied to the summit of the vagina, or near the seat of lesion, controls the trouble pretty effectually.

Pledgets of cotton-wool soaked in glycerine with boracic acid (or boro-glyceride?) are highly efficacious; they excite a watery flux, but have a decidedly sweetening influence. Intra-uterine medication is only to be undertaken with every precaution, and should be resorted to only in refractory cases not admitting of other means of relief.

The caution must not be omitted, that in some married patients who are thus afflicted the acrid discharges excite urethritis in the husband if intercourse be indulged in near the periods. Much mental as well as bodily distress may be thus created, and unjust suspicions aroused.

Should offensive catamenia coexist with secondary eruptions or other signs of the syphilitic cachexia, the cause and treatment are, of course, at once suggested.

Bromide of Ethyl Redivivus.—A paper read before the Baltimore Academy of Medicine and published in the Maryland Medical Journal, by Dr. Julian J. Chisolm, the eminent ophthalmologist, is calculated to revive the interest which three years ago attached to the bromide of ethyl through the reports of Drs. Levis and Turnbull, of Philadelphia. Our readers will recall the uninterrupted success which this agent enjoyed in the hands of these gentlemen, and the hopes that were engendered that the desideratum in anæsthetics, viz., an agent as pleasant and rapid in its effects as chloroform and as free from danger as sulphuric ether, had at last been discovered. They will recall, too, the sudden dashing of these hopes by the accident which occurred from its use in the hands of Dr. J. Marion Sims and subsequent accidents which followed close on the heels of this one in the hands of other surgeons throughout the country. The matter was very thoroughly ventilated at the time, and the suspicion of impurity in the preparations employed grew strong. The new anæsthetic had, however, received a black eye and it was useless to argue in its favor at that time and during the three years which have intervened its name has never once been heard until now. But Dr. Chisolm had strong faith in the representations of the Philadelphia surgeons and refused to throw the new drug overboard. He continued to employ it and it has continued to grow in his favor ever since, until he now pronounces it "par excellence the anæsthetic to be used for any painful surgical operation which can be quickly performed." "Having found out how to use it," he says, "I now obtain the most brilliant results from it, and have become quite enthusiastic in its praises." He is able in every patient "to produce complete narcosis in less than one minute, often in from twenty to thirty seconds; a deep sleep which, however, will not last more than one or two minutes." He reports several cases to illustrate his claims for it, selected from over 100 in which has employed it without untoward effects.

The following is a synopsis of the rules by following which Dr. Chisolm has achieved his success:

The recumbent posture is essential for the safe administration of any anæsthetic whether it be chloroform, ether or ethyl, hence these agents are not safe remedies at the hands of dentists who place their patients in a sitting posture. Preparatory to the inhalation of the bromide of ethyl, he has not found it necessary to give whisky as he invariably does before giving chloroform. The only precaution he takes is to loose the neck clothing and have the patient lie down with the head only slightly elevated.

His experiments have taught him that the mode of administering the ethyl should differ totally from that used in giving chloroform.

Instead of a chloroform vapor freely dilnted with atmospheric air, a saturated ethyl vapor mnst be inhaled, to the exclnsion of atmospheric air, in order to obtain speedy and effectnal narcosis.

"In my early experiments with this new agent," he says, "I was not aware of this fundamental principle, and hence did not obtain good results. I voted bromide of ethyl a failure, because I, with other experimenters, was too timid, or rather I should say too ignorant of its peculiarities, to push the ethyl vapor in this concentrated form. By my present method of administering it I can obtain perfect ethylization in any patient in from twenty to sixty seconds, and have no after conseqnences of nausea or dullness of feeling."

The best inhaler for the giving of the bromide of ethyl is a thick towel folded into the form of a small cone with closed apex. Between one fold of the towel placed a sheet of paper, which makes the cone nearly air tight. The base of the conc mnst be wide enough to enclose both mouth and nose. The soft material of which the inhaler is made enables the rim to be kept firmly in contact with the face, so as to exclude air from entering. Always instrnct the patient how to make long inspirations, and inform him that he must do this, notwithstanding the fact that he will feel somewhat stifled. Also assure him that a very few inspirations will put him to sleep. It is well to make him in advance go through the process of strong respiratory movements so that he will know exactly how to proceed. Into this towel cone pour about one drachm of the bromide of ethyl and immediately invert it over the nose and mouth of the patient, holding its edge down firmly over the face. There is no fear of creating asphyxia, as all air cannot be excluded, and the height of the cone makes a considerable air chamber into which the patient breathes.

Children struggle to escape from the apparatus. The cone, however, must not be removed from the face for an instant until anæsthesia is produced. At first some will not breathe the vapor, but there is no fear that they will not catch their breath in time. Should children cry, it only insures inspiratory efforts, which the more surely and quickly will bring about the introduction of the vapor into the lnngs. As a rule, a dozen full inspirations are all that are needed to produce deep narcosis.

Usually the patients awake suddenly in two or three minutes, often not so long, and as completely as they would do from ordinary sleep. They are able to get down from the operating table without assistance and walk off without staggering, and with brain clear to answer correctly any question; in fact, quite themselves.

Dr. Chisolm says it took him some time to acqnire such confidence in the safety of the remedy, as to apply it in the concentrated form needfnl to obtain its fullest benefits. To the uninitiated it looks like cruel work to keep the cone of a satnrated ethylized vapor over the face of a struggling patient, bnt in no other way can quick, complete and safe anæsthesia be obtained by it. Fortunately the struggling is very soon over, and sweet sleep speedily ensues.

In view of such confident statements from one so well qnalified to speak it might be well to again give the new anæsthetic a trial, restricting its employment to operations of short duration. The experience of three years ago will, of course, admonish the surgeon of the necessity of employing none bnt the chemically pure drug.

THE LADIES' DOCTOR.—This term is not employed as a synonym for "gynæcologist" or. "male midwife," or even for the abortionist, but has reference to another sort of specialist of quite modern origin, a prodnct, as it were, of our more æsthetic age. He may be fonnd in many commnnities bnt finds his most congenial field in the cities, the conntry or smaller places not furnishing exactly the conditions for his fnllest development. His specialty is rather in the line of the psychical than the physical part of the female, and he lives and thrives on the proverbial weaknesses (mental, not bodily) of the weaker sex—weaker in one sense, but in her ability to make or unmake the doctor, all powerful.

A writer in the London World has been making the ladies' doctor an object of special study. He describes him as the antithesis of such men as Astley Cooper and Abernethy, men whom the profession have been wont to regard as ideals, but whom the writer referred to estimates would not sncceed in these days—"snrgeons," he says, "of weight and even wit, bnt their *brusquerie* made them more the terror of the darlings of the drawing room, and men of their type were no more welcome in their non-professional capacity than are the plumbers after they have soldered a leaky pipe." He goes on to give the qualifications of the modern ladies' doctor —a person who is called upon to take charge of weak nerves, feeble livers and the ailments incidental to modern artificial life. The typical ladies' doctor must have that something which schools cannot impart, and the possession of which and ideal honesty are incompatible. He may be well educated, and it is better that he should be, but he must not be ruled by his medical knowledge, for if he is too scientific, he will be set down

as a bore, and a greater calamity than this could not be visited on the modern lady.

He has very largely taken the place of the curate in the drawing-room, and as he increases, the latter decreases, and the day when he ruled its less intellectual corners is rapidly waning.

He must know the ways and the weaknesses of his clients, and not dream of playing the part of their moral instead of their medical mentor. Hence he is familiar with all the topics of the day, and yet is not pronounced on any one of them, for he is too wise to offend the patients by whom he thrives. He may know the winner of the Derby, but he must not be seen at Ascot and Epsom, and, though his coachman may drive the best of blood, it would ruin him were it reported that he had been seen behind a four-in-hand. He may write medical works —the more the better—but society is skeptical regarding omniscience. Sir Charles Bell's popularity fell off after he published his book on the hand. Yet art, being only an elegant amusement, may be pursued. Sir Henry Thompson collects china and pictures, and Mr. Seymour Hayden etches, while a good many doctors garden, as did Sir William Lawrence, without finding their practice suffer. The ladies' doctor must not be an atheist—society has not come to that yet, and women who are nervous are always pious—but unless he enlivates a dissenting connection, experience proves that it is safest for him to keep to a strictly orthodox course, neither too Broad Church, nor yet with a suspicion of incense and the eastward position. For ladies with a taste for ritualism instinctively lean on the curate, and between him and his supplanter there can never be anything in common.

Malaria in Children. — The symptoms of malarial poisoning in children are very masked, and, indeed malarial affections as they relate to children have received but little attention, comparatively. The most positive knowledge we have on the subject is of a negative character: We know that the child does not shake in the cold stage of fever and ague. Dr. L. Emmet Holt reported at a recent meeting of the New York County Medical Society an analysis of one hundred and eighty-four cases of malarial in children as presenting at the Northwestern Dispensary of New York city, the analyses having especial reference to symptomatology. He found that in abrupt cases there is frequently vomiting, drowsiness, prostration, fever, severe pain in the epigastrium, etc., and on examination there will be found enlargement of the spleen and often tenderness over the hepatic region. In cases commencing less abruptly there is usually headache, generally frontal, muscular weakness, anorexia, constipation or diarrhœa, pallor of the face, a dark line under the eyes, nausea with occasional vomiting, tongue heavily furred, epigastric pain, and the patient hot and chilly by spells. Periodicity is not the reliable guide that it is in adults. In nearly all the cases observed the age was under eight years. Fever was one of the most important and constant symptoms. It varied as in the adult and ranged itself under one of three heads: first, the temperature might be quite high at the onset and remain so for twenty-four, forty-eight or seventy-two hours, then assuming a remittent type; second, the rise might at first be slight, gradually increasing in intensity, showing less periodicity and finally becoming continuous but not exceeding 103° ; third, the fever might be distinctly intermittent or remittent from the beginning. The usual range of temperature is between 101 and 103° , it very seldom reaching 106° , and never (in Dr. Holt's opinion) reaching those excessive degrees which it is the general impression that it sometimes attains. Sweating occurred in twenty-five per cent. of the cases, and was more constant than the cold stage. Convulsions occurred in four cases and recurred in two, all terminating favorably. Pain in the epigastrium was present in the majority of the cases, less frequently in the splenic and hepatic regions. In many cases vomiting occurred at the onset. In six cases there was incontinence of urine, in six painful micturition, and in a less number retention. No single symptom can be relied on in children, the most important one, however, being enlargement of the spleen. The disease with which malaria is most apt to be confounded, in children, is typhoid fever. The temperature affords the only guide to differential diagnosis. When this is normal in the morning, after the third day, the affection is not typhoid.

In the discussion following the report, and participated in by Drs. J. Lewis Smith, John C. Peters and others, the correctness of the analysis was supported by the conformity of the results with those observed by the speakers. Dr. Smith was of the opinion that if the symptoms run on in spite of the free use of quinine they indicate typhoid rather than malaria. Dr. Peters had seen cases of remittent fever in children and clearly traceable to sewer gas, in which there was distinct intermittency.

Tetanus—Its Probable Cause.—Dr. Chenantais, Surgeon to Hotel Dieu, lately delivered a very instructive lecture on tetanus, a report of which appears in The Gazette Medicale De Nantes.

He has had extensive experience and his views are entitled to great respect. A young man sustained a severe injury to the third, fourth and fifth toes and metatarsal bones. The injured members were amputated and the wound carefully closed by flaps from the plantar region as soon as sound tissue could be obtained, after three or four days.

A low per cent. carbolic acid solution was used as a dressing and all did well until the eighth day, when the patient complained of stiffness of the jaws and rigidity of the muscles of the neck and a painful state of the wound. Tetanus developed.

Deep sutures had been introduced to approximate the flaps. They were now removed and the wound left open. Hydrate of chloral in large doses was given; 90 grains were given in two days, when the

stiffness of the jaws, tissues, and the rigidity of the muscles of the neck abated. The next day he complained of pain in the abdomen and the abdominal muscles were in a state of tonic contraction, provoking frequent desire to defecate. Soon the dorsal muscles generally were attacked and he presented the typical opisthotonos of tetanus. Morphine was introduced hypodermically and chloral was continued at the rate of 150 grs. a day for nine days, when remissions in the opisthotonos occurred and the abdomen became less painful and the patient walked about the ward. Chloral was discontinued but the symptoms immediately recurred. Chloral was again administered in doses of 225 grs. a day, and the symptoms permanently disappeared.

Trismus is the earliest and most important precursor of tetanus. Women who have suffered slight injuries will smilingly relate to the medical attendant that their only inconvenience is an uncomfortable stiffness of the jaws, and soon develop without previous pain or untoward change in the appearance of the injury, tetanus.

Of the causes of the disease, trifling exposures to cold drafts of air seems to be important; in all of the cases observed by Dr. Chenantais, carelessness or thoughtlessness in this regard was noticed. The young man whose case is related above opened a window near a bed to relieve oppressive heat, experienced slight chilliness, followed by incipient trismus and gradual development of more alarming opisthotonos.

A robust officer wounded in the arm by a pistol ball in a duel, whose wound was discharging freely and in a healthy manner, sat before his window to enjoy a breath of fresh air. While thus occupied, he noticed the first indications of trismus. No unfavorable changes followed in the wound but alarming tetanic contractions appeared, and he died of typical tetanus.

A miller æt. 26 years, enjoying robust health, from some slight accident abraded his finger. The wound was slight, but during its cicatrization after a day's work he exposed it to draft of air and tetanus supervened.

Compulsory Notification.—As noted elsewhere, the Recorder of this city has declared the ordinance under which physicians are compelled to report cases of death as unwarranted by the city charter. The Board of Health have, in consequence of this ruling, made a recommendation to the committee on revision of the city charter to amend it so as to authorize the Council to include in the ordinance governing the Board of Health the right to compel physicians to file death certificates. We have no criticism to offer on the end aimed at in such ordinance, viz., correct vital statistics; the necessity of such is indisputable. We cannot, however, withhold an expression of opinion on the method through which this end is sought to be attained. As a citizen, the physician is amenable to the general laws, but neither in justice nor in equity should he be discriminated against. When at previous sessions of our State Legislature we have sought to have enactments made regulating the practice of medicine the secular press raised the cry of "class legislation," and this shibboleth has secured the defeat of every effort thus far made to secure such legislation as would at the same time place a premium on the competency of the practitioner and be for the public good. We should, we take it, be justified in "executing the villainy thus taught us," in the premises. If "class legislation" has heretofore been a thing so much to be deprecated, it cannot be less so now, and if it has been wrong to legislate for physicians, it can be no less wrong to legislate against them. As long as our law-makers make no distinction in the physician's favor (even though the public should be most benefitted by such distinction), they cannot consistently impose on him burdens without remuneration.

Apropos of the question as it presents itself in this city at this time, we copy the following from a recent number of the Medical Press and Circular (English): "While we heartily approve of the *intention* of notification legislation, we, with equal vehemence, condemn the *method* heretofore employed for carrying that intention into effect, and we do protest against the apparent determination of sanitarians to perpetuate and extend that method. We assert, in fact, notwithstanding all that civic sanitarians may say, that the methods heretofore employed are tyrannical in principle and ineffectual in practice—that they have failed in their purpose and will fail all the more, the more coercive in character they are made; and that if a law to compel notification be indispensable—the duty should be imposed upon the householder or the custodian of the patient, and certainly not on the physician. It is against the means proposed to be adopted that we are contending, and if a wise and practicable scheme for notification of infective disease be propounded, we shall be found amongst its most enthusiastic supporters."

Sore Throats and Diphtheria.—A copy of the set of rules promulgated by the Philadelphia Board of Health for the guidance of the people during the endemic of diphtheria which is now prevalent in that city, has been received. Several rules in this set have especially attracted our attention. "When a child or young person has a sore throat, a bad odor to its breath, and especially if it has fever, it should immediately be separated and kept secluded from all other persons, except necessary attendants, until it be ascertained or not if it has diphtheria or some other communicable disease." "It is particularly important that persons whose throats are tender or sore from any cause should avoid possible exposure to the contagion of diphtheria. Children under ten years of age are in much greater danger of taking the disease, and after they do take it, of dying from it than are grown persons. But adults are not exempt, and mild cases in them may cause whole series of fatal attacks among chil-

dren." "Beware of any person who has a sore throat; do not kiss such a person or take his or her breath; do not drink from the same cup, blow the same whistle, nor put his pencil or pen into your mouth."

These rules should not be confined in their distribution to the laity, for we have reason to fear that a disregard for them on the part of the profession has favored the spread of diphtheria. For a considerable time after the onset of the present prevalence of the disease in this city, its existence was warmly denied by many practitioners. These same gentlemen were, however, very free to admit that they had seen many cases of sore throat with "follicular tonsillitis." Entertaining such views as to the nature of the sore throat they ridiculed the report of a physician before a local medical society, that he had treated over fifty cases of diphtheria during the month immediately preceding. We know, too, of individual cases in which there is reason to suspect that fatal diphtheria was directly communicated by children having "a simple sore throat." A case of "follicular tonsillitis" occurring at a time when diphtheria is known to be about, and when all doubt as to the correctness of the diagnosis has been removed by the fact of the occurrence of fatal cases, should for practical purposes be regarded as a case of diphtheria. Such cases are much more likely to be mild cases of diphtheria, capable of serving as foci for the spread of the fatal form, than they are to be cases of "simple follicular tonsillitis." It is not a time for quibbling on hair-splitting points, and the public should have the unrestricted benefit of the doubt.

Physicians' Reports of Deaths.—In the case of the practitioner of this city who was prosecuted by the Health Officer for refusal to report particulars in a case of death, the Court acquitted the defendant on the grounds that the ordinance does not empower the Board of Health to impose any such obligation. It is, moreover, the opinion of competent lawyers that any law enacted with a view to compel physicians to report their cases to the Health authorities must be unconstitutional. It is a principle in law that the laborer is worthy of his hire, and, moreover, that the laborer need not labor unless he so elects. Without any reference to the legal bearings of the case, it seems to us that this principle is rooted in justice. A physician's time is his capital, and as such it is his to give or barter only as he may himself decide; he cannot be deprived of it, either for or without compensation, against his will.

It is important, as far as this community is concerned, that our Health authorities did not avail themselves of competent legal advice on this matter before assuming the power to coerce physicians. Such advice would, perhaps, have resulted in an effort to secure professional coöperation by different means than those resorted. We know that as a class physicians are ever ready to contribute their services to the public good, but it is but natural that when an imperative demand is made on them which is sought to be enforced through a system of compulsion their human nature is apt to crop out through their professional veneering. The effective health officer must have a regard to the exigencies of the busy practitioner's life and in the interests not only of peace and harmony, but of public health, he must bear and forbear.

We sincerely trust that although the Court has vindicated the physician's right to his services, the opportunity will not be embraced of avoiding the slight inconvenience involved in reporting cases. The necessity of prompt and full reports is very great, especially in seasons like the present, when scarlatina and diphtheria are so prevalent, and to interpose the slightest possible barrier to their restriction would be a procedure very much to be deplored.

Shortening the Round Ligament in Prolapsus.—Certainly gynæcologists have characterized their specialty both by the boldness of their operations and the ingenuity of their devices. The latest suggestion is, however, quite startling in its novelty and possibilities. A Dr. William Alexander, of Liverpool, has experimented extensively on the cadaver with a view to discovering some method whereby he might relieve the so-called incurable cases of prolapsus utcri which abound. As a result he decided to cut down to the inguinal ring, seize he round ligament, draw out the "slack" sufficiently to restore the womb, and then fix the ligament thus tightened in its new situation. His success thus far is reported as very encouraging, and sufficient to justify further efforts in this direction.

Chloral Hydrate in Diphtheria.—In a report by the New York Medical Times of a meeting of the Medical Society of Northern New York, Dr. Allen, of Lawyersville, appears as stating that he has found that diphtheritic membrane is speedily dissolved in a solution of chloral hydrate. He employs it in the strength of 15 grains to the ounce, and applies it at intervals of two or three hours by means of a brush. A stronger solution, say of 30 grains to the ounce, may be employed in adult cases. He says that it is seldom that the densest coating resists the second or third application. There is unfortunately abundant opportunity for testing this statement in this city at the present time. The application is certainly strongly antiseptic and has the advantage of being innocuous. Will some reader try it and report to us the results?

A New Sign of Pregnancy.—It was laid down as a law by Graves, that in cardiac hypertrophy the pulse at the wrist remains constant, regardless of the position of the body. A writer in Archives de Tocologie assumes the existence of such hypertrophy in the pregnant female, and by applying

Graves' law claims to be able to diagnose pregnancy even in the first two months. Under ordinary circumstances there is a variation of from ten to twenty beats per minute in the recumbent, sitting and standing positions, but during pregnancy no such variation can be detected. The editor of the Canadian Practitioner has applied this test in one case and found it eorrect.

NYMPHOMANIA AND HEMORRHOIDS.—Dr. William H. Hardison reported to the late meeting of the Arkansas State Medical Society, a case which introduces another factor into the etiology of nymphomania. A respectable young married woman was so afflicted with sexual desire as not only to cause great family unhappiness, but also to actually scandalize her relations by her deportment. Medical treatmen utterly failed to give relief and when the case was about to be given over as incurable, attention was directed to a very sensitive pile with which she was afflicted. Fissure of the anus was also detected, and obstinate constipation. An operation for the surgical affections and a correction of the constipated habit were followed by relief of the erethistic condition and the opposite extreme of sexual desire.

The Canadian Journal of Medical Seiences has changed its name to Canadian Practitioner. The change was a wise one. "Life is short," "Brevity is the soul of wit," etc., etc.

Dr. H. D. Schmidt, president of the Pathological Society of New Orleans, has dealt another blow at the tubercle bacilli. He declares that they are only fat crystals and not parasites, as Koch has led the world to believe.

George H. Dietz & Co., of Louisville, send us their "Physicians' Visiting List and Diary for 1883." Its text embraces subjects important to the practitioner. A "schedule of fees" is a useful feature, and the "notes" and "important points" will often prove convenient.

The Louisville Medical News, an old favorite, comes to us at the opening of the year clad in a new dress and increased in size to 16 pages each week. We are glad to note this evidence of prosperity, for it is meet, the News being worthy of the cordial support of the profession. May its shadow never grow less.

The February number of the North American Review is to contain an article on "The Experiment of Universal Suffrage," by Prof. Alexander Winchell; a discussion of "The Revision of Creeds," by clergymen representing six evangelical denominations; a paper entitled "The Decay of Protestantism," by Bishop McQuaid; and a defence of the Standard Oil monopoly, by Senator Camden.

Dr. Whittaker, of Cincinnati, advances as an argument against the pleximeter in percussion of the chest the fact that when the hand is used the sensation produced on the finger by the blow is different when there is dullness than when there is resonance. In the former cases the blow causes pain which is not apparent when there is no dullness. By using the pleximeter we deprive ourselves of this aid.

A western exchange has been struck with the great prevalence of malaria in towns in which the prohibition is enforced. In some places a constant stream of sufferers may be seen tending to the drug store, where the word "malaria" accompanied by a wink acts as an open sesame. Strange as it may seem, however, the quantity of quinine consumed at such places is not large. They have discovered another antiperiodic.

The press dispatches announnce that an autopsy on Gambetta reveals the immediate canse of death to be "pepityhylite pesicolite." It resulted from a wound accidentally or otherwise (the great Frenchman refusing to state which) received during the month of November. Knowing secular journals railed at the surgeons for allowing the statesman to die; but who ever heard of a patient's recovering from such a complication?

Boston, æsthetic Boston! is the latest seat of Buchananism. The "Bellevue Medical College," recently established there, is a diploma mill, pure and unadulterated. And what is worse, the laws of the Bay state are ineffectual to its suppression. It is regularly chartered, and those holding its diploma stand equal, in the eyes of the law, to the graduates of Harvard. Truly, the world moves—backwards, in some instances.

A writer in the Medical Record complains very bitterly of the fragility of the clinical thermometer, and holds the hard gutta percha or wooden case which holds it, and in which it rattles about, responsible for the breakages. He calls on manufacturers to line these cases with velvet or adopt some other device for the prevention of such accidents. He has touched on a point that certainly needs attention, and we would add our voice to his in his call.

"Proceedings of the Southern Michigan Medical Association." Meeting held at Hillsdale, Mich., July, 1882. Papers by Dr. Hewitt, of Gilead, on a case of Bright's disease, evinces careful study and exhibits some valuable points in treatment. Drs. Smart, of Hudson, and Whelan, of Hillsdale, have papers in the proceedings of great interest to the profession. We wish all our district medical societies would issue a like useful pamphlet of transactions.

The Annals of Anatomy and Surgery announces the close of its third year. We are much pleased to note that it does so under a satisfactorily prosperous condition. It is the only journal devoted to surgery and to anatomy as related to surgery, published in the English language, and the fact that the support which it has received is encouraging, speaks favorably for the American profession. The *Annals* is a journal of a high order of worth; its editors are scholarly and its contributors embrace the most

advanced surgeons of this country. It is emphatically such a journal as those making a specialty of surgery cannot afford to do without.

J. B. Lippincott & Co. announce the early appearance of the 15th edition of the United States Dispensatory, with Dr. H. C. Wood, Joseph P. Remington and Samuel P. Sadtler, editors, respectively of the portions devoted to materia medica, pharmacy and chemistry. The revision has occupied three years and the work is brought fully abreast of the times in everything of which it treats. The new Pharmacopœia is fully expounded and discussed, and the most recent non-officinal medicines, as well as those out of date, are carefully considered in the second part of the work. It is, in short, an encyclopædia of materia medica. The names of its editors, as announced, are a sufficient guarantee of the literary merits of the work, which the name of its publishers is all that is necessary to assure excellence in the other essentials to a book of this nature.

The North American Review for January, opens with a symposium in which three of the most prominent advocates in this country of the "Revision of Church Creeds," namely, Rev. Dr. Newman Smyth, Rev. Henry Ward Beecher and Rev. Dr. Lyman Abbott, set forth the grounds upon which such revision is deemed necessary as a defense of revealed religion against the encroachments of skepticism, and an adjustment of the relations between faith and science. "University Education for Women," is discussed by Prof. W. Le Conte Stevens, who, though he zealously advocates the measure, commands the attention and respect of its opponents by the eminent fairness with which he states the adverse arguments. Prof. Isaac L. Rice gives a "Definition of Liberty." "American English," by Gilbert M. Tucker, is a spirited defense of our cis-Atlantic fashion of English speech against the aspersions of sundry British critics. The Rev. Dr. H. W. Thomas writes an article that can hardly fail to strike a sympathetic chord in many a mind, on "The Responsibilities of Progressive Thinkers." Dr. David writes on "Bigotry in the Medical Profession," Finally, Charles T. Congdon, under the singularly apt title of "Adulteration of Intelligence," exposes some of the grave evils to be apprehended from the monopolization of telegraph lines, press associations and influential public journals. Published at 30 Lafayette Place, New York.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery. By Norman W. Kingsley, M. D. S., D. D. S., etc.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

Dr. Kingsley has written a volume of more than 500 pages upon the management of oral deformities. It is intended for the use of dentists, but is found to contain many valuable points for the guidance of general practitioners. The chapters devoted to the management of fistulous openings in the hard palate are very instructive. One cannot read them without feeling better qualified to advise his patients who are suffering such deformities. The history of obdurators has been carefully compiled and is set before the reader in a manner calculated to encourage him in devising means for the construction of such appliances. Ambrose Paré appears to have been one of the first to construct a mechanical appliance for closure of the openings left by syphilis, in the hard palate. He used a thin plate of gold or silver applied to the roof of the mouth and held in position by a sponge passed through the opening and allowed to swell by the imbilbition of moisture from the nasal cavity. Dr. Kingsley points out how this apparatus gradually enlarged this fistula. Great have been the improvements since Paré's time. Flexible apparatus for supplying the velum palate when it is absent so that voice may be restored is described in Dr. Kingsley's work. Several chapters are devoted to the, treatment of deformities of the nose and fracture of the maxillæ. Ingenious mechanisms for restoring the sunken nose, so often a sequel of tertiary syphilis, are figured in the work. Careful instructions are given in the application of metal or other ligatures resorted to sometimes for holding the fragments of a broken jaw in apposition, and for the manufacture of vulcanite dental plates for the same purpose. The printing, letter-press and binding are fine examples of the art preservative.

A System of Surgery: Pathological, Diagnostic, Therapeutic and Operative. By Samuel D. Gross, M. D., LL. D., D. C. L. Oxon., LL. D. Cantab., Emeritus Professor of Surgery in the Jefferson Medical College. Illustrated by upwards of 1600 engravings. Sixth edition, thoroughly revised and greatly improved. In two volumes.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

It was intimated by one of the New York dailies, in noticing the reception given to Dr. Gross by Dr. J. Marion Sims last fall, that the former had withdrawn from all the active duties of the profession which has been honored by his membership for half a century. Dr. Gross promptly denied any such action on his part and announced it as his determination to work while the ability to work remained. If any further proof were required of the statement that this Nestor of medicine is still up and doing the work before us furnishes it. American surgery (and American surgery is in the van) owes no greater debt to any man than it does to Samuel D. Gross. Certainly in pathological surgery he stands without an equal in the work he has done. The honors that have been showered on him both at home and abroad all combine to attest his greatness. The great monument to his professional greatness is, however, the work before us. The limits of our space would prevent any adequate review of it even were such review deemed necessary. It re-

quires no introduction, for in its passage through its five previous editions it has become as familiar as a household word to the profession of this country. The sixth edition is the work as it has been revised and improved by the author, which statement carries with it the fact that it lacks in no particular the requisites of a work which shall be fully abreast of the times in every essential. It is issued by Messrs. H. C. Lea's Son & Co., in the several forms of binding. The half-Russia is very elegant and an ornament to any library.

Anatomical Technology, as Applied to the Domestic Cat. By Burt G. Wilder, B. S., M. D., Professor of Physiology, Comparative Anatomy and Zoology in Cornell University, and of Physiology in the Medical School of Maine, etc., and Simon H. Gage, B. S., Assistant Professor of Physiology and Lecturer on Microscopical Technology in Cornell University.

New York and Chicago: A. S. Barnes & Co.

This work is intended as an introduction to human, veterinary and comparative anatomy. It deals with those important points and teaches them thoroughly and correctly; method of manipulation, fundamental facts of structure and formation and terms of expression. It does not exhaust the anatomy of the cat, but endeavors to give instruction in the visceral anatomy of the animal mainly. It gives as a reason for this the fact that at least 600 bodies are annually dissected in Great Britain and Ireland; yet how few are the published observations respecting the characters, constant and variable, of any parts other than the bones and the muscles. "In this country the case is still worse, and we have no journal especially devoted to anatomy and physiology." We think the authors might have selected a better reason than this for the appearance of the work. Many states in America annually dissect at least 600 bodies, and notwithstanding we have no journal especially devoted to anatomy and physiology we have many medical journals which often contain good articles upon these subjects. The first 50 pages of the book are devoted to instructive remarks on terminology, diagrams and the slip system of notes. The student is told many useful things about the sources and uses of anatomical terms, a better way of expressing the location and direction of organs than that commonly in use and the most advantageous way to collect and arrange notes and information about the organ under examination.

Chapter 1 is devoted to enumerating the instruments and materials necessary for prosecuting the dissections afterwards described. Mention is made of the price of the articles and of cats, and there is an intimation that the average student can usually get one. Formulæ for injection materials are numerous and well selected. Descriptions of methods, brief and accurate, so that the student will need no other guide. It is a work complete in all that it undertakes, and should be in the hands of all students and ambitious practitioners of medicine. One who has passed the examinations of the medical colleges and desires to refresh and increase his knowledge of the practical anatomy and physiology of the viscera, the organs of circulation or of the nervous system, will find it just what he wants as an instructor. Material of the kind required—cats—can always be obtained, and the information acquired from their dissection can be readily applied, in principle, to human anatomy and physiology. Osteology and myology are by no means neglected; a sufficient number of the 500 pages composing the work are devoted to them, to enkindle enthusiasm for and love of studies of this kind. The brain of the cat is illustrated by elegant plates and minute descriptions of the steps to be taken in making the dissections. The nervous system of amphibians is included in the work, although no mention is made in the title. The plan could not be improved, the right thing is said in the right place and at the right time in every instance. We have long felt the need of some work that would serve as a guide to the anatomy of our domestic animals, that we might more frequently indulge in studies and manipulations that would make us more familiar with structure and functions of organs with which we are constantly concerned in the treatment of disease. Dr. Wilder and Mr. Gage have given us in "Anatomical Technology" the thing we have been looking for.

Salivary Digestion.

A LECTURE DELIVERED IN THE MICHIGAN COLLEGE OF MEDICINE BY PROF. HAL C. WYMAN, M. D.

Gentlemen—Our opinions concerning the manufacture and use of human saliva are mainly derived from experiments upon dogs. It is, however, an easy matter to collect the human saliva as it is used in the process of mastication and subsequent digestion, by expectorating it into suitable vessels. For this purpose the glands may be stimulated by holding a coin or other insoluble body in the mouth. Human saliva is produced by the parotid, submaxillary and sublingual glands which communicate with the mouth by means of ducts, the names of which are familiar to you. Physiologists describe two kinds of it, the mixed and the unmixed. The former is obtained by the method just mentioned; the latter is the product of the glands as it is discharged through the ducts directly into the mouth, unmixed with mucus and secretions peculiar to the mouth. It is obtained from dogs, mainly, because men do not like to have tubes thrust into their salivary ducts and submit to the various methods that are resorted to for stimulating the action of the glands. Each of the glands mentioned produces a peculiar saliva; but in studying the digestive power of saliva we are concerned only with the mixed saliva, with the material that moistens the food we masticate and otherwise alters the nature of it. I will not worry you with the exact figures, decimals and all, which the chemists have used to indicate

the composition of this fluid, because they all differ, and if you should take the trouble to analyze it quantitatively you would not make your figures correspond with those obtained by others.

It consists largely of water, 996 parts per thousand, we will say, the four remaining parts consisting of solid matter of two kinds, organic and inorganic, which are very important as fermentation producers. The reaction is usually alkaline but may in the course of fever and other diseases, become acid. Some one has observed that the parotid saliva, when produced in small quantity, is acid in its reaction. However, the reaction does not interfere with the digestive power. The ferments operate just as well in acid as alkaline saliva. Sulphocyanide of potash has long been regarded as one of the solid constituents, but of late it is believed that it is only an accidental constituent, resulting from the decomposition of urea and sulphate of potash in the mouth. The inorganic elements of the four parts per thousand just mentioned, consist of chlorides, phosphates and carbonates of lime, magnesia and soda. Gases also exist in this fluid. As medical students we are interested in physiological studies from a stand-point of general utility; we want to know what saliva does, and how it is produced. It is thoroughly mixed with the food in mastication and enables man to swallow more easily. Claude-Bernard found that a horse with his salivary ducts tied would not swallow nearly as many oats in a given length of time as one whose flow of saliva had not been interfered with. The salivary ferment converts the starchy elements of food into glucose and dextrine.

In the ordinary process of mastication foods do not remain long enough in the mouth to convert all the starch into sugar; but when the ferment is once introduced it goes on performing its peculiar work after the food has passed into the stomach

Berhaave, in his Institutiones Medicinæ, written more than one hundred and fifty years ago, tells us that the ancient Sophi, or wise men, lived only by chewing their food, without swallowing any part of it. Democritus is said to have been kept alive a long time, after he had attained the age of more than a hundred years, by masticating and inhaling the vapor of new bread. I do not not ask you, gentlemen, to believe these stories; but they serve to remind us that the digestive power of saliva was understood and invoked in disease long before the modern school of physiologists was thought of. All of the distinguished medical teachers since Van Helmont's time, who recognized his archæus, his fermentatio, putrefactio and digestio, have strongly asserted the value of human saliva in the digestion of bread and cereals. They all urge its importance as an appetite producer and are strong in denunciation of the harmful practice of spitting it away. Modern physiologists have told us nothing new about the functions of saliva, but they have wonderfully improved our notions of the way it is produced.

So many and so perfect have been the experiments made upon the salivary glands by vivisection, that the man who is ignorant of them is ignorant of the mechanism of glandular action generally. Take a great gland like the liver; it is not practicable to isolate its duct, its nerves and its blood vessels, and by irritating the nerves, or altering the quality of the blood contained in its vessels, notice the changes thereby induced in the flow and quality of bile. But we can quite easily isolate the nerves and blood vessels and ducts of the salivary glands of dogs, and study them at our leisure, so that we are now pretty well acquainted with the changes going on in them during states of activity or repose. And, further, we apply the facts thus obtained to other glands in explaining their action. For example, you may sometime want to know whether the gastric gland cells attract blood, for the purpose of increasing the quantity of gastric juice, or whether the gland cells are obliged to produce an increased quantity of gastric juice whenever there is an increased quantity of blood in contact with them—whether the tail wags the dog or the dog wags the tail. You can answer the question only by observation of similar conditions artificially produced in the salivary glands.

The histology of the salivary glaud may be called complicated. This is owing to the fact that no one man, but several, have made the experiments and microscopical examinations which demonstrate it. We find one man contending for a basket-like arrangement of the connective tissue which supports the gland cells, while another sees only nerves in the structure. Pflueger regards the gland cell as swellings on the undulated nerves. Claude Bernard was the first to make thorough vivisections of the submaxillary gland of dogs. He exposed the gland by incision, examined its blood vessels and nerves, and showed that the chorda tympani was the motor nerve of the gland; that is he found that section of this nerve arrested the secretion of saliva, while stimulation increased it and caused the blood flowing from the gland to assume a red color. The sympathetic nerve he found when divided to induce secretion, and when stimulated to arrest it. He thought that the change in quantity of secretion resulted from change in quantity of blood flowing through the gland. More recently other experimenters have been at work and given us a different view of the influence of these nerves over the action of the gland. Stimulation of the chorda has been proven to increase the aqueous and saline constituents, while stimulation of the sympathetic increases the quantity of organic or ferment matter contained in the saliva.

A curious fact has been observed in connection with these experiments· the pressure in the duct of the gland has been found to exceed that of the blood. This has been explained by the presence of mucin and protoplasm in the gland cells which have great capacity for taking up water, an osmotic action well known to be capable of exerting great hydrostatic pressure. Another fact has been noticed which concerns the question whether the blood stimulates the gland cell. Atropine may be injected

into the circulation, and will arrest the glandular secretion. Now, if the chorda be stimulated by galvanism, no secretion is produced, but the blood vessels are dilated and red blood flows from the gland. The sympathetic may now be stimulated and the saliva rich in mucin and ptyaline, the salivary ferments, will flow freely. Eserine may be used to antagonize the effects of atropine and a flow of saliva will respond to stimulus of the chorda. Thus we have good reasons for believing that the gland cells themselves or the nerves terminating in them, have some influence, independent of the degree of blood pressure, on the complicated process called secretion.

Cancer of the Lip in the Third Stage.

A CLINICAL LECTURE BY THEODORE F. M'GRAW, M. D., PROFESSOR OF PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE DETROIT MEDICAL COLLEGE.

GENTLEMEN—I wish, in connection with this case, to make some remarks on the treatment of labial cancer in its third stage, when it has passed beyond the boundaries of the lip and invaded the chin or cheek, lymphatic or salivary glands, or the bones and deeply-seated structures. It is only a few years ago that surgeons used to look upon such cases as incurable and considered all operative procedures unjustifiable. The advent of Virchow and the change of theory, however, soon made a corresponding change in practice. The profession has come to the conviction that cancer is essentially a local malady and may be considered curable as long as it is possible for the surgeon to remove or destroy every particle of existing disease. In cases, therefore, which present the advanced symptoms which this man exhibited when he came before the class two weeks ago, the operator has to inquire, not, whether the necessary operation may result in great disfigurement of the patient, nor whether the resulting defect can possibly be repaired, but solely whether it may be possible to so thoroughly eradicate the disease without destroying the patient as to give him a hope of cure. In a fatal disease no danger should deter the surgeon from attempting its removal. In one so repulsive and disgusting even large and permanent loss of tissue is to be preferred to an ulcer which hurts, bleeds, stinks and suppurates. Now, the experience of late years has shown conclusively that labial cancer may occasionally be cured even after the lymphatic and salivary glands and bones have become seriously affected, while in those cases which cannot be permanently cured a temporary relief may be obtained, followed eventually by a less disgusting and painful death, from a more hidden growth in internal organs. I did not hesitate, therefore, when our patient here first presented himself with a neglected cancer which had destroyed four-fifths of the lower lip, one-fifth of the upper lip and the whole of the right cheek, to recommend an operation, even though I knew that the lymphatic glands of the parotid region were enlarged and the periosteum of the lower jaw largely affected. The removal of all the apparently affected parts made an enormous wound which extended outside to the ramus of the jaw and inside to the pillars of the fauces. To cover the defect, I dissected up what was left of the integument of the chin and that of the submental space and lifted them up to form the lower lip. In order to hold this flap in place I attached it with sutures to the periosteum. The pedicle of this flap was broad and vascular and attached to the left cheek. This flap grew firmly into its new position and makes, as you see, a very passable lower lip. To form the cheek I raised a large, thin flap from the neck and was apprehensive at the time that it might slough from lack of sufficient nutriment. My fears were in part realized, about one-fourth part of the flap sloughing away. Notwithstanding this, his condition to-day is to be vastly preferred to that of two weeks ago. He is now a man who can go among his fellow men, without at least, causing intense disgust by an overpowering and offensive odor. He has no pain and is incommoded only by the difficulty which he experiences in swallowing on account of the defect in his cheek. On witnessing such an operation for the first time one is inevitably impressed with a sense of its great danger. This is, however, an error. There is no part of the body which bears extensive mutilation so well as the face and cheek and whose removal causes so little shock or systemic disturbance. Among very many such operations, I have had to record only two deaths. It is, indeed, wonderful how men of sixty and seventy odd years of age will bear such serious operations with so little apparent injury. This man, 72 years old, did not suffer the slightest shock, and began almost from the first day to clamor for solid food. His temperature never rose beyond 100.5° F., and his heart beat was always steady and strong. It remains for me now to close the existing defect by suitable plastic operations.

Thiersch has laid down the rule as the result of many microscopical studies that the surgeon cannot be sure of cutting in unaffected tissue unless he carries his incisions one and a-half or two centimeters beyond the apparent boundaries of the disease. In no case should he trouble himself about the appearance of the resulting defect until after the operation is completed, bearing in mind that the procedure is undertaken for the eradication of a most deadly malady and that all other considerations must yield to those which concern the safety of the patient. When all diseased tissues, whether of skin, lip, cheek, chin, glands or bone, have been thoroughly removed, then and then only may the attention be directed to repairing the resulting defects.

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Abstraction of Blood from the Right Heart.—Dr. Benjamin F. Westbrook, of Brooklyn, a distinguished lecturer at the Long Island College Hospital, tells us, in the Medical Record, that about one year ago, while engaged in some trivial duties connected with the thoracic viscera, it occurred to him that in cases of very acute and unusually intense pulmonary congestion, with overdistention of the right heart, it would be practicable to withdraw a quantity of blood directly from the heart, and so restore the equilibrium of the lesser circulation. After making many trials and dissections upon cadavers, the doctor found that a trocar introduced a little to the right of the sternum in the third intercostal space, and pushed directly backward, would enter the right auricle, traversing, in addition to the chest wall, the pleura, lung, pericardium, etc. If pushed through the fourth interspace, it might hit the tricuspid valve, though what harm would follow we are left wholly to surmise. The preliminary trials made by the doctor also taught that "the pressure in the right auricle, in cases of considerable obstruction, though it departs from the normal negative standard, does not rise sufficiently to be relied upon to force blood out through a small canula with any degree of rapidity," so he was obliged to use an aspirator. About one year elapsed before arrangements were fully completed. It had to be learned just how much blood would escape from holes of various sizes made in the auricular walls; how much of escaping blood would remain in the pericardium; how much would enter the pleural cavity; how much enter the pulmonary alveoli along the track of puncture, and how much danger there would be of wounding the internal mammary vein. Upon this last point, exact information, it would appear, was not obtained, for, in the final operation, a small perforating branch of this vein was wounded. Dr. Westbrook cautiously picked out a patient that would have died, anyhow, to make his first operation upon. He was a robust German of fifty years. He had pneumonia of the right lung. Fever and pulse indicated a sthenic type of the disease. After five days he was found with pulse 140, respiration 28, and temperature 104°. The left lung contained the indications of compensatory respiration. Carb. ammonii, tr. digitalis, tr. opii, whisky, counter-irritation were resorted to for the purpose of restoring equilibrium of circulation, but without avail. Another day elapsed with the patient a little weaker. Dr. W. consulted with his colleague, and determined that the man must be bled. His respiration was now 40, and pulse 150 per minute. The heart must be unloaded. A fine aspirator needle was introduced and about two drachms of blood found its way from the right auricle into the vacuum apparatus. As the point of the needle passed into the auricle, the doctor noticed the same sensation that surgeons feel when they know the point of an instrument has passed into a cavity or fluid. When he passed the needle deeper to see if blood would not flow more freely, he knew it had penetrated the aorta because of the violent movements of the part which he held in his hand. At that period of the operation, the patient remarked that he thought the doctor had struck a bone. There was some distress in the sternal region. No improvement. Another attempt at local bleeding was made, this time with larger needle. Three ounces were taken by aspiration from right auricle.

In the meantime respiration had increased to 44 and pulse 144; but the former was immediately reduced to 40, while the pulse increased to 148 per minute. The pulse half an hour after the operation for abstraction of blood from right heart was softer and less irritable; there was no intermittence. The patient said he felt better, and was ordered again, ammon. carb., tr. digitalis, tr. opii, prun. virg., etc. His friends thought him more confortable through the following night than he had been for several days, but before noon he rose upon his elbow, and fell back dead. The autopsy was obtained with great difficulty, but revealed two spots indicating the course taken by the needles. "The pericardium contained three or four ounces of thin serous fluid of dark claret color," also a filament of coagulated fibrin which measured one and one half inches in length. The right auricle was enveloped partially in a membraniform pinkish white coagulum, the result, probably, of the churning action to which the blood which escaped into the pericardium was subjected. Further the autopsy showed old pleuritic adhesions of left lung and complete hepatization of right lung. The heart and great vessels were filled with dark coagula. In the right ventricle a white coagulum was found adhering to columnæ carneæ. The doctor concludes his account of this unusual operation with points which he claims are established: First, "that the right auricle can be readily aspirated, and second, that the introduction of a canula into its interior, is not accompanied by any alarming symptoms or followed by any unhappy results." He would have taken more blood, giving the patient a good thorough venesection from the right auricle, had he not been afraid that the blood of a pneumonic patient would coagulate about the canula and perhaps do mischief. We admire the genius displayed in this operation. We have all along believed the science of medicine would raise up a man who would be able to reconcile the pros and cons of venesection in pneumonia. We, like all the advanced thinkers, can see how much better it is to bleed our patients from the right auricle than from the median basilic or cephalic vein. In pneumonia particularly is this method of treatment advantageous. When the doctor has further prosecuted his experiments and demonstrated that coagula will adhere to the canula and not go wandering about in the pulmonary artery, we can then boldly thrust the aspirator needle into the right auricle as soon as we hear the crepitant rale and turn the stop cock as often as pulse and respiration indicate intense pulmonary congestion. If the vena cava should exhibit a tendency to fill up the auricle as fast as we relieved its engorgement, clamps could be applied to the jugular axillary and iliac veins so as to maintain the equilibrium of the circulation. Genius is not easily discouraged; it knows no unhappy results.

ALCOHOLIC TREATMENT OF SCARLATINA.—In a paper read before the Cincinnati Academy of Medicine, and published in the Lancet and Clinic, of that city, Dr. G. S. Mitchell gives the method pursued by him during the past three years in the treatment of scarlatina. He states that under this method he has not lost a single case, and he submits a tabulated statement of forty treated during this time; of these, 22 were of the anginose form, and the remaining 18 were scarlatina simplex. The method given in his own words, is as follows:

"I prescribe whisky from the commencement of the disease until the end of the first week, at which time the disease proper is usually at an end.

In addition I order that the patient be sponged every few hours with tepid water and anointed with oil or lard. But I rely upon the alcohol as the sheet anchor. How much do I give at a time and how often repeated? Give from half to a tablespoonful every hour to a child two or three years old, carefully observing its effect. In a febrile disease, such as the one under discussion. It must be remembered that a dose which in health might prove poisonous, may, be limiting heat production, tend to preserve the tissues upon which life depends. What is the rationale of the employment of alcohol—what can we hope to accomplish by its exhibition in scarlet fever? It reduces the pyrexia by stimulating the exhausted nervous system, and thereby exciting the distended capillary blood-vessels to contract, less blood reaches the tissue, and in consequence less heat is evolved and less tissue waste occurs.

It is also probable that alcohol reduces temperature by lessening the oxidizing power of the red corpuscles of the blood.

It is also a food, offering itself in the blood as a substitute for the tissues which would otherwise be destroyed. Alcohol, says Moleschott, is the savings bank of the tissues. He who eats little and drinks alcohol in moderation, retains as much in his blood and tissues as he who eats more and drinks no alcohol. Of the forty cases reported, twenty-three were males, seventeen females. Twenty-two were severe cases of the anginose variety, eighteen were cases of scarlatina simplex. The average duration was seven and one-fifth days. In three cases suppuration of submaxillary glands supervened. Albuminuria lasting for a few days only was manifest in three cases. So far as I am able to judge the exhibition of the remedy was speedily followed by reduction of temperature and sequelæ averted."

In the discussion which followed the remarkable paper,—remarkable for the brilliancy of the results attending the treatment employed—the method was criticized chiefly on theoretical grounds, the arguments being based on what is known of the physiological effects of alcohol. Such arguments are always in order, but powerful soever as they may be they can never upset a single fact. Clinical results rather than theories, must form the true basis of therapeutic progress. Dr Thad. A. Reamy added his testimony to that of Dr. Mitchell in support of the value of the alcoholic treatment.

He had seen cases where headache, with violent delirium, dark livid hue of skin—showing sluggish capillary circulation—high temperature, rapid pulse, etc., in the first stages, pointed portentously to the malignant form of the disease; conditions usually followed by convulsions, coma, death within two or three days. He had seen such cases rapidly improve under tablespoonful doses of whisky, say every thirty to forty minutes. The temperature and pulse falling from 105° to 102 and 150 to 120, delirium subsiding, capillary circulation becoming active, and a favorable course of the malady entered upon. In such cases he had no doubt the alcohol protects the nervous centres from the blow which the intense virulence of the scarlatinal poison inflicts. The objection urged that alcohol possesses low powers as a germ destroyer, he regarded as invalid. No one claims that it can enter the system in such quantities as to destroy the virus. It is not necessary that it should. It is enough that it can prevent destructive waste and protect the nervous system against the destructive influence of the germs until they have exhausted their power to destroy. The disease is self-limited; no disease more specifically so, and this self limitation marks the life limit of the germs, or exhaustion of the susceptibility in the system to their destructive influence.

He would emphasize the importance of commencing with the remedy at the very onset of the disease and in full doses frequently repeated. He could not doubt that the absence of complications and of serious sequelæ in most of Dr. Mitchell's cases and in his own, was due to the observance of this rule in the administration of the agent. Of course he would not think of omitting other plans of treatment, such as inunction, warm sponge baths, proper regulation of the temperature of the room, avoidance of drafts of cold air, use of easily digested and nutritious diet, poultices to the neck in cases of tumefaction, etc. No one could have failed to observe the great comfort which frequent sponging of the patient or inunction affords. Equally obvious must be the substantial benefit to the patient, and in some cases especially conservative as to kidney complications. Fortunately these plans are compatible with the whisky treatment. He need hardly state that the extraordinary results obtained by Dr. Mitchell in the cases reported cannot establish the claim that this plan of treatment is specific or will prove successful in all cases during all epidemics. No one would be so foolish as to advocate such a position. Certain epidemics of the disease are marked by great malignancy. During the progress of such epidemics the mortality must necessarily be large under any at present known methods. Nevertheless, he firmly believed, that the plan of treatment here recommended would most strikingly lessen the mortality of the disease, even when prevailing in its worst forms.

THE TREATMENT OF ACUTE RHEUMATISM.—There are few if any subjects more trite than this, and the saying that the disease which has the greatest number of "sure cures" is the least amenable to treatment, finds in rheumatism its aptest illustration.

Rheumatism has for ages been the battle ground of pathologists and therapeutics. An article on the subject, by Dr. Roberts Bartholow, in the Medical Record, while it contains no reference to any new drug or new method of administering any drug, nevertheless makes a very helpful division of the classes of patients who are the subjects of rheumatism. This division, if it shall prove correct, will aid very materially in the intelligent selection of drugs in the treatment of this affection. It recognizes three groups of persons who are subject to rheumatic arthritis:

1st. Spare persons of considerable bodily vigor, good muscular development, and having a distinct family history of neurotic or rheumatismal disorders.

2d. Obese subjects, addicted to malt liquors and good living, sometimes with—more often without—an inherited predisposition to rheumatic diseases: the gelatinous descendants of albuminous parents, as they have been entitled.

3d. The feeble, pale, anæmic subject, depressed by poor diet, and evil hygienic surroundings, including dampness and bad air.

"No one," says Dr. Bartholow, "can treat cases of rheumatism successfully unless he recognizes the type before him and adopts his remedies accordingly."

In the first class of cases he prescribes salicylic acid or the salicylate of soda. He has no theory to account for the action of this drug or for its superiority to others in this class of cases. In view of the special liability to relapses in this class of cases the remedy should be continued for several days after the acute symptoms have subsided.

In the second class of cases there is a tendency to a form of acid indigestion, and they are those in which the alkaline treatment has been found most valuable. In view of the diverse conceptions which obtain in regard to what constitutes the alkaline treatment, Dr Bartholow quotes with his approval the plan as understood and practiced by Dr. Fuller, the author of an excellent work on rheumatism:

"By the 'alkaline treatment,'" says Dr. Fuller, "I mean a plan of treatment in which alkalies play an important part, but which consists not only in the administration of alkalies, but in the careful regulation of the secretions, the strictest attention to diet, and the administration of tonics, such as quinine and bark, as soon as the patient can bear them * * * My practice is to give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of treatment. * * More commonly two drachms are ordered to be taken in effervescence every three or four hours, in combination with an ounce of lemon-juice, or with a drachm of citric dissolved in four ounces of water. At the same time, if the bowels are torpid, ten grains of colocynth and calomel pill [British Pharm.] are prescribed at bedtime. As soon as the

urine, when freshly voided, ceases to show an acid reaction—which is usually the case after twenty-four hours—the quantity of the alkali is diminished by one-half, six drachms only being administered during the succeeding twenty-four hours. At the expiration of that time, if the urine remains alkaline, three drachms only are given in the next twenty-four hours; and on the fourth day, if the urine still shows an alkaline reaction, the form of the medicine is altogether changed. The treatment ceases to be essentially alkaline; either a cinchona draught is ordered to be taken three times a day, containing a scruple or a half drachm of bicarbonate of potash—a little more or a little less, according to the condition of the urine, which should be kept nearly neutral—or three grains of quinine dissolved in lemon-juice is given three times a day in effervescence, with half a drachm of bicarbonate of potash or soda. * * * The dict is restricted to beef-tea or broth, with soda-water and milk, and barley-water as a driuk, as the smallest quantity of solid food, given a day before the tongue has thoroughly cleaned, is apt to inducc a recrudescence of the disease. Wine and spirits are strictly forbidden, though experience has convinced me that wine and spirits prove less hurtful than the smallest quantity of solid food."

The third class of cases is numerically the most important, besides being also those in which vicious results are most liable to develop, cardiac complications being relatively frequent. The depressing effects of salicylic acid and alkalies are to be avoided in these. To Dr. Russell Reynolds, of London, is due the introduction of the most successful drug in this class of cases: tincture of the chloride of iron. It must be given in full doscs—℥ ss to ℥ j—properly diluted every four to eight hours. It lessens the swelling and pain in the joints, lowers the fever, diminishes the tendency to heart complications, and, above all, sustains the vital powers in their struggle against the encroachment of the rheumatic disease.

The treatmeut as above outlined does not prevent a resort to blisters, and indeed the author speaks of them is deserving careful consideration. It is a remarkable fact, he says, that blistering brings about a neutral or alkaline conditfon of the urine. The usual method of blistering is by means of cantharides and the plans of their application have been various, ranging from a small blister over and in the neighborhood of the joint, to a complete zone encircling it. We have found in our experience that the application of a tartar emetic ointment (℥ j to ℥ j) is much to be prcferred to cantharides. It is more cleanly, less disagreeable to the patient, and more speedy in the relief it brings. The appearance of the characteristic pustules is usually attended by immediate amelioration of pain.

New and Rare Diseases.—The wise man hath said "There is nothing new under the sun," and this dictum has been very gcnerally received without question. There are certainly many facts whose tendency is to support the belief that events move in cycles, and that that which is, was, and anon shall be. Such a conception of the process of growth, development and decay, is, however, the outcome of a quite superficial study. Solomon to the contrary, notwithstanding. We are wiser in our day than was Solomon, at least in matters physical. He knew nothing of the doctrine of evolution and of the law of the unfolding of the original protoplasm, which had in it the potentiality of all varieties of life, animal, vegetable and mineral (for, according to Linnæus, stones grow).

The law of evolution is operative also in the domain of disease, new forms and new varieties of which are from time to time appearing. Even in the experience of men still living, many diseases are essentially different from what they formerly were. While this fact has been conceded in a general way, we are not aware that, until very recently, any dcfinite mention or classification has been of the newer affections. It has remained for Sir James Paget to fill in the hiatus, and he has done it in his inimitable manner, in his Bradshawe lecture, delivered before the Royal College of Surgeons of England, on the 13th ultimo. The learned lecturer starts out with a referencc to the unwillingness on the part of pathologists to admit the occurrence of new diseases; this unwillingness is often just, for many diseascs that may seem new have probably existed long and been overlooked—they may be new to knowledge, but not new in fact. Bright's disease and Addison's disease are instances in point; typhoid fever, too, existed long before it was differentiated from typhus in our nosology, for Sir James presented at his lecture specimens of typhoid ulcers of the intestines preserved by Hunter, who, though he detected the pathological condition, did not give it the interpretation. Hunter in this matter has set the profession an example worthy of close emulation—he did not ignore what he did not understand, but, like the true naturalist that he was, he revercnced and noted phenomena, and preserved the evidencc, of which the interpretation was yet to come.

But there have arisen certain diseases which are, in Sir James Paget's estimation, new. Among these he mentions osteitis deformans, defined and described by him. He has been unable to discover in all the museums of pathological, among which he may be said to have spent his life, or in the literature of medicine or surgery, the remotest intimation of the existence of any such affection. The collections of Hunter, Howship, Langstaff, Lister, Cooper, Stanley, Brodie and others show no trace of the peculiarity distinguishing this disease.

In twenty-six years he has collected twelve cases and about as many more in which the disease was partially manifest.

Charcot's disease he also pronounces new, and bases the statement on evidence precisely similar to the above. This disease is now so frequent that a single physician, Dr. Buzzard, has had nine cases

under his care at one time. Typical gout is becoming an affection of comparatively rare occurrence, but the records show that gouty phlebitis, an affection by no means rare among certain classes in England, is of quite modern origin. A case of this disease occurring in 1832 and described by Sir Henry Halford as "phlegmasia dolens, in the male," excited a great deal of curiosity, and was declared to be unprecedented. During the fifty years which have since passed it has secured a place on all nosological lists.

The above are instanced as distinct diseases which have developed during this century, but the author would by no means assert that the change in diseases has been limited to these new creations. A great change has taken place and is still taking place in the type of diseases. The more stable forms are themselves suffering change, and though some of them have come down to us from pre historic times they still bear evidences of change. Types vary in diseases as in species, and in conformity to the same general laws: An exact likeness is never transmitted by inheritance; the mingling of diatheses, dispositions, idiosyncracies, effects of drugs on the affection, etc., are so many environments, each leaving its impress; the element of time must always be taken into consideration, it sometimes taking a generation or a century to effect appreciable change. Variations in disease must be studied as the immortal Darwin studied species, not by deduction as from a law exactly formulated, and from which we could trace the course of every change, but by a most careful collection of facts, facts to be seen in specimens and read in full records, and stored in museums, and by a study as complete for every case as if no law of evolution had ever been discovered. We cannot always decide the precise character of the blending of different affections. Slight differences may accumulate till they completely alter the original form. The new affection may be hybrid, or the pure mixture of two forms, but sterile or incapable of reproducing itself; or it may be mongrel, the characteristics of one of its progenitors preponderating, and capable of perpetuating its kind; or, lastly, it may be co-incident, that is, one of its elements attacking one organ or tissue and the other another.

Sir James Paget's lecture is full of suggestions to the thoughtful student. He has expressly declared in favor of the laws of evolution as affecting disease, and fortunately the time is past when the advocate of such doctrine is viewed with suspicion or treated with ridicule.

LEAD AS A REMEDY IN BRIGHT'S DISEASE.—A correspondent contributes the following, which is "not for publication, at least not with my name, until further observation, study, elaboration, and inquiry": Do you recollect some time ago of publishing an article in regard to the use of large doses of the plumbi acetat., and that you afterwards called attention to your personal experience in its use in hemorrhage? I am going to mention my trial of it and results (though I have not mentioned it as yet for fear I would not be believed) in any other direction. First, in a case, April, 1881, commencing with uremic convulsions, sequelæ to scarlet fever, in a girl ten years old. Convulsions treated successfully with muriate pilocarpin, gr. 1-20, hypodermically, the urine remaining loaded with albumen and containing a great deal of blood. Tried for a week to reduce the quantity of blood voided without success. Finally, bethought myself of your statement of the use of acetate lead as a hæmostatic in large doses. Gave the child 15 grs. every two hours for two days. Blood and albumen entirely disappeared and neither returned.

October, 1881. Second, a girl of 13, scarlatinal albuminuria, with convulsions; œdema of the limbs, eyelids, labia, and dyspnœa. Pilocarpin, hypodermically, first; then 15 gr. doses of acetate lead, and ½ gr. of morphia. Albumen disappeared.

April, 1882. Third, a young man, 28 years of age, single; had been treated for a year with various physicians for chronic albuminuria; had been out of health, unable to work, scarcely strong enough to walk around, for that time. I treated him for nearly three months without making any progress, except in his gaining a little strength, but not appreciably diminishing the albumen. Finally, as there was occasional blood in his urine, say as often as twice a month, lasting twenty-four hours, I bethought me of the acetate of lead, and put him on 20 gr. doses three times a day for two days, alternating, two days with tonics. After about the tenth dose, he complained of his stomach. Then I gave him tonics a few days and tested his urine. The albumen had disappeared for the first time in fifteen months, and did not again appear, but he gained strength and flesh rapidly, and shortly went to work as a telegraph line constructor, which is hard work, and has now been at his work over four months without any signs of failing health.

Fourth A man, æt. 25, married, feeling badly, keeping at his work, but just dragging around, complaining of uneasy feelings behind pubes; diminished urine; irritable bladder, with general malaise. Tested urine for oxalates, pus and uric acid; found none. Nitric acid and heat both showed albumen. Put him on 20 grs. plb. acet. three times a day. After two days he complained of pain and heaviness in the stomach; stopped the lead; next day tested urine; no trace of albumen. This case is still under treatment.

Now, I would like to know if lead is a remedy for albuminuria? If painters and lead-workers have the disease? Have you thought or inquired in that direction? I never had a painter with Bright's disease, and would like to know your and others experience. I don't suppose anybody else has ever used lead as a cure of Bright's disease?

THE LABORER IS WORTHY OF HIS HIRE.—An esteemed correspondent has been to Lansing in the interests of a bill looking to the reward of the physician for such services as he may be required by law to render. He writes us on the question as follows: I want to see doctors paid reasonable fees for all services they render the public. They are in equity entitled to such remuneration, and for every notification of "disease dangerous to the public health," or certificate of birth or death, they should be paid. My time is my own, at least as far as my fellows are concerned, and my skill is my capital. No man has a right to take from me either, without reimbursing me for it. If it becomes necessary, in order "to promote public health," that I should give notifications and certificates, as above, let the public, who derive the benefit, pay me for such benefit.

In the "lobbying" which I have been doing for this bill, I have been met by the objection that physicians might take advantage of the fee to report cases which are not "dangerous to the public health." I reply that the filing of such reports with ward or town officers desirous of serving their constituents will be sufficient to deter physicians of bad morals from resorting to such practice.

The direct benefit to the profession from a fee of, say, ten cents, for each notification or certificate would be insignificant, but the moral effect would lead to indirect results very much to be desired—it would tend to establish the principle that all medical services have a cash value; it would tend to place the medical profession on a par with the legal before the law, and in so far as it would do this, it would enhance the fees paid for all medical services rendered the public—care of paupers, attendance at public institutions, etc. These fees are now paltry and insignificant as compared with those received by lawyers for such services as they render the public.

The passage of this bill will pave the way as nothing else will, for a bill to regulate the practice of medicine. It would, moreover, ensure an exactness to our vital statistics which can be secured in no other way, and by the attachment of a clause, providing for the indication of the probable cause of the disease, the service in the direction of prophylaxis and a correct etiology, must be very great indeed. I would request the Michigan readers of the MEDICAL AGE to promote its passage by writing to the representatives from their several districts urging them to support it. The bill is entitled, "A Bill to Promote Public Health in Michigan," and is in charge of Representative Dr. Howell.

"LOMI-LOMI" OR MASSAGE.—In a recent article in the Popular Science Monthly, Dr. Graham quotes from a book by Mr. Charles Nordhoff, on the Sandwich Islands, to show that before massage was introduced as a therapeutic measure under scientific guidance, it was long employed by barbarians. There is a remarkable similarity between the manipulations of the latter and those sanctioned by us at the present time. Mr. Nordhoff states that wherever you stop for lunch or for the night, if there are native people near, you will be greatly refreshed by the application of what they call 'lomi-lomi.' Almost everywhere you will find some one skillful in this peculiar, and, to tired muscles, delightful and refreshing treatment.

To be lomi-lomied, you lie down on a mat, loosening your clothing or undressing for the night if you prefer. The less clothing you have on the more perfectly the operation can be performed. To you thereupon comes a stout native with soft fleshy hands but a strong grip, and beginning with your head and working down slowly over the whole body, seizes and squeezes with a peculiar art every tired muscle, working and kneading with indefatigable patience until, in half an hour, whereas you were sore and weary and worn out, you find yourself fresh, all soreness and weariness absolutely and entirely removed, and mind and body soothed to a healthful and refreshing sleep.

The lomi-lomi is used not only by the natives but among almost all the foreign residents; and not merely to procure relief from weariness consequent on over-exertion, but to cure headache, to relieve the aching of neuralgic or rheumatic pains, and by the luxurious, as one of the pleasures of life. He has known it to relieve violent headache in a very short time. The old chiefs used to keep skillful lomi-lomi men and women in their retinues; and the late king, who was for some years too stout to take exercise, and was yet a gross feeder, had himself lomi-lomied after every meal as a means of helping his digestion.

It is a device for relieving pain or weariness which seems to have no injurious reaction, and no drawback but one—it is said to fatten the subjects of it.

Nothing will be necessary to convince any one who has taken a Turkish bath after the fatigue of a long walk or a hard day of physical effort, of the value of massage under the conditions here mentioned.

VENESECTION AS A THERAPEUTIC AGENT.—Symptoms of a renaissance of blood-letting as a therapeutic agent, have within a few years been occasionally cropping out. There is little doubt that in the reaction following the abuses of the practice a half a century ago, the opposite extreme was reached. A change of the type of disease had, doubtless, something to do in bringing this means into disuse, but fashion was probably the most potent factor. While the continued prevalent asthenic nature of disease will stand as a defence against the old time abuse, the present generation will, if the signs of the times be rightly interpreted, not have passed away without witnessing the reinstatement of the phlebotomy knife into the pocket case. There are, beyond a peradventure, many cases today in which the abstraction of blood is strongly

suggested by the symptoms, but in which dominant fashion arbitrarily forbids the arm to be bared.

Dr. Robert Boal, in a paper read before the Peoria, Ill., Medical Society, and published in the Peoria Medical Monthly for January, discusses this question in the light and experience of some forty years. After an introduction, consisting of a historical resumé, he plants himself directly in opposition to Bennet's dictum that "inflammation is a self-limited process which cannot be cut short or interfered with to advantage." He is convinced that early and judicious blood-letting does modify if it does not subdue congestion and inflammation, and that it is, moreover, "one of the surest, mildest and safest of remedies." He aims not to reduce the strength of the patient, but merely to reduce vascular excitement, to equalize the circulation and prevent congestions or determinations of blood to particular organs or tissues. He has seen "many cases in which moderate general or local abstraction of blood, instead of lessening the patient's strength, actually increased it." The bleeding removed a load in those cases under which the patient staggered, the system not having less strength but being weighed down by more than it could carry. The forms of disease in which Dr. Boal would resort to blood-letting are the following:

1. In inflammation of high and active grade, in whatever organ of the body it is present.

2 In cases of congestion or engorgements, threatening hæmorrhage or inflammation.

3. In a general plethoric condition of the system, threatening inflammation, congestion or hæmorrhage from some particular organ.

4. In spasms or convulsions of a sthenic character.

Drugs and the Human Infant.—Maternal solicitude takes form in no more striking shape than in the dosing of the infant with drugs. The impulse to "give something" is irresistible at each infantile whimper or trace of colicky contortion. Charlatans have recognized this perversion of a holy instinct, and made it the basis of substantial fortunes. The Mrs. Winslow's Soothing Syrups, Godfrey's Cordials, *et hoc genus omne*, all have their origin here. A greater evil than the indiscriminate dosing to which the innocent child is subjected through mistaken kindness of its mother,it would be difficult to visit on it. Without a doubt a large percentage of infant mortality finds its direct or indirect cause in such practice. The evil consists not exclusively, or, perhaps, not even mainly, in the direct effect of the narcotics given. An inestimable damage is done by them indirectly, that is, by their covering up of mischief of which the infant's cries and, perchance, convulsions, are but the symptoms—the rebellion of nature against invasion. The child, so delicate in its nervous organization, is very sensitive to impressions, and it may be laid down as a rule, to which the exceptions are rare indeed, that the well child never cries. In the case of some, a very slight disturbance is sufficient to evoke the symptom, but without some disturbance there is no cry. The cause of the child's complaint lies most frequently in some digestive disturbance, and the anodyne or sedative but covers this over and allows the smouldering embers beneath to gather a force which will sooner or later defy the palliatives. Practitioners owe it as their sacred duty to the children, to impress on parents the danger of the use of medicines of any sort, except under scientific surveillance. The soothing syrup and all other opiates should be made the special object of attack, and the same instinct which prompts their use be directed to their banishment from the nursery as deadly poisons. The physician's chief treatment of children should be hygienic and prophylactic, and he should be consulted in all cases of fretfulness or other signs of disturbance.

Tait's Operation.—Tait's operation differs from Battey's chiefly in that it is more thorough; Battey removes the ovaries while Tait removes both ovaries and Fallopian tubes. Tait claims for his operation that its results are much more satisfactory, and that it is, moreover, attended by a lower per centage of danger. It is said to be especially adapted to the relief of prolonged menstrual troubles, with recurrent pelvic inflammations. In a paper read before the N. Y. Academy of Medicine, and appearing in the N. Y. Medical Journal, of 13th inst., Dr. T. Gaillard Thomas gives a report of four cases in which he followed Tait's instructions in regard to the operation. In three of these, recovery, both from the operation and the disorders it was performed to relieve, was complete. In the fatal case, Dr. Thomas states, in justice to the operation, that the patient was a very unpromising one, being in emaciation, pallor and depreciation of vital forces, like a patient in the third stage of consumption. He regards Tait's operation as a great improvement over Battey's. Out of seventy five cases in which the operation was performed by its author up to last July, he had lost but six. The record of results from Battey's operation presents no such glorious figures. Dr. Battey's last report shows a loss of three out of fifteen operations, and out of twenty-one cases by Dr. Thomas, he had lost four.

The following points are given by Dr. Thomas as the most original and valuable of the views enunciated by Mr Tait:

1. He assumes that the view formerly held—that laparotomy operations should be postponed until absolute risk to the life of the patient rendered them necessary—should now be abandoned; and that, in the hands of an expert, they are at present so free from danger as to be justifiable even when life is not jeopardized.

2 That the usually accepted doctrine of the dependence of menstruation upon ovulation is wholly erroneous.

3. That the ovaries have nothing whatever to do

with menstruation, and that this phenomenon is dependent upon the Fallopian tubes.

4. That many cases of abnormal menstruation are justifiably treated, and are relievable in no other way than by extirpation of the ovaries and tubes.

5. That in chronic ovarian disease the tubes are invariably involved, and that in most cases it is the tubes which are chiefly at fault.

6. That the mortality in his last thirty-five operations having been only one, even this slight loss of life is susceptible of diminution in the future.

7. That many of those cases heretofore regarded as instances of menstrual, or recurrent, pelvic peritonitis or cellulitis, are really due to tubal dropsy and ovarian disease, an occasional discharge of the purulent accumulation of the former giving rise to slight and passing attacks of these affections.

THE VAGINAL SPECULUM.—A few years ago the question *cui bono?* asked with reference to the vaginal speculum, would have been taken as indisputable evidence of either mental vacuity or perversity on the part of him propounding it. Until within a comparatively recent period this instrument held from the time of its revival by Recamier, such an important place among gynæcological devices that to be a gynæcologist and not to have an assortment of specula, would have been considered impossible and absurd. In the history of diseases of women the affections to which the sex are prone have at various periods been assigned to different divisions of the sexual apparatus, and different pathological conditions of these divisions. Thus we have the time when the ovaries were mode to bear to the brunt of blame, then inflammation of the uterus was made the scape-goat, then ulcerations of the os and for over thirty long years these have been the fashion, and the patience and long-suffering of the womb, during this era fix it as the greatest martyr of the ages. It was leeched, and burnt, and blistered, and scalded, and frozen, and otherwise maltreated as never was male or female, or male or female organ, in the history of all the persecutions of the darkest ages. It was during these times that the speculum was enthroned king among implements of torture, given the entree to the most sacred of recesses, and, *mirabile dictu*, made to seem woman's greatest benefactor. The vaginas that had not been explored by it, were only such as were guarded by gentle Hymen, and even her most emphatic protests in the name of nature, were not always sufficient to prevent the introduction of the cold metal whose entrance removed the evidence of the maiden's most sacred charm—her virginity. But the whirligig of time has brought 'mong its strange mutations a change in gynæcopathological fashion, and the ulcerated os is now a relic. With this change the speculum or at least the bivalve, trivalve and quadrivalve varieties of it, hangs comparatively mute upon the wall, and Ichabod is written on it. The human vagina is by no means no longer invaded by the gynæcologist but his implements of war now seldom comprise the speculum. The change is a salutary one, and it is an evidence of a more advanced pathology. The profession and gynæcologists, too, are coming to regard the uterus as but a "part of the stupendous whole," and to realize the fact that it has not an independent existence. The change is the dawn of a better day.

SPONGE GRAFTING.—The improvement in the method of treating large excavations so as to cause their filling up by granulation,s by means of the introduction of pieces of sponge which should serve as a frame-work for the building of the tissue, was very generally noted by the medical press at the time of its introduction by Dr. Hamilton, of Edinburgh, a year or so ago. Sponge grafting has since been tried by others and the results have, as far as reported, been quite satisfactory. Experience in its use has suggested certain improvements in the details, some of which are noted by Dr. Hamilton himself, in the British Medical Journal of the 6th inst. In the first experiments a single slice of sponge of sufficient size was put in the wound to fill up the gap left by the loss of tissue The objection to thus completely filling the cavity lays in its prevention of drainage and the consequent accumulation of pus. Dr. Hamilton overcomes this by applying thin slices of sponge in place of the single piece. He employs for the purpose of slicing the sponge a microtome used for preparing sections of the brain. A large Turkey sponge after being frozen is placed in this and sections of any desired thickness easily sliced off. Such a layer is readily placed over the wound so as to fit its irregularities. In a few days it becomes organized when a second can be placed over it; this in turn organizes and can be followed by successive layers until the required amount of tissue is built up. No bagging of pus or danger of putrefaction attends this method. Another necessary precaution is to see that where the wound is healing the edge of the layer of sponge does not come in contact with the pellicle of young epidermis at the side; if this be allowed the epidermis will undermine it and cause displacement. Firm and equable pressure is very necessary to secure adhesion, but after this has been effected the pressure may be removed.

THE CAUSE OF GAMBETTA'S DEATH.—The report of the necropsy of the great French republican has been made. For years he had been subject to chronic perityphilitis, with inflammatory mischief extended upwards around the ascending colon. The immediate or exciting cause of his death was a pistol-shot wound, the ball striking him in the palm of the right hand and making its exit a little above the middle of the limb. The wound healed quite readily and kindly, but three weeks after the old standing disease aroused to great activity by the depression of health incident to the wound, became so acute and so severe as to cause death. There was no pyæmia. No operation could have averted the fatal issue. Although in the prime of life, being but in his forty-fifth year, Gambetta seems not to have been a man of prime condition. In 1867 de

Wecker enucleated his right eye for panophthalmitis. He was very corpulent, and the difficulty experience in embalming the body was very great, a troublesome dissection being necessary before the carotids could be exposed for the introduction of nozzle of the injecting syringe.

THE MEDICAL ADVERTISING AGENT.—A word addressed especially to our contemporaries: We would suggest as a subject for especial considcration at the coming meeting of the American Medical Journal Association to be held in Cleveland, the relation of the medical journal to the advertising agent. If our experience with certain of these gentlemen has been duplicated in the case of other journalists, the appropriateness of the subject will not be disputed. With a few honorable exceptions, the patronizing air and positive insolence of these advertising agents is too much for patient endurance. They seem to have conceived the impression that medical journals are an impecunious lot and are deeply grateful for the few crumbs which are from time to time cast them from their highnesses tables How much medical journals are themselves to blame for this condition of affairs will be a matter for the association to investigate. As far as this journal is individually concerned, it is entirely independent of the patronage of these cormorants, and, once for all, would respectfully give them to so understand. While it solicits support for its advertising department, it maintains that it gives full value for the face of its card rates, and is, therefore, under no obligation to either advertising agents or advertisers, further than such as tacitly exists between honorable business men. Its subscription list is sufficiently large to carry the publication handsomely along; but even if it were not, it would sooner suspend its issue than submit to the insolence and arrogance of agents of, for instance, the E. Duncan Sniffen type. We cannot believe that reputable business firms are fully cognizant of the manner in which this class of agents seek to deal with medical journal publishers. They gain nothing by dealing with this class of middle men, and we feel convinced that if publishers were to unite in an expression of opinion in regard to the conduct and bearing of these gentlemen, the advertiser would elect to deal immediately rather than mediately with the journals.

ARTIFICIAL ILLUSTRATIONS OF PERCUSSION SOUNDS.—Dr. Austin Flint, in the course of an interesting series of lectures delivered before the Philadelphia County Medical Society on "The Physical Exploration of the Lungs by Means of Auscultation and Percussion," and published in the Medical News, gave a unique illustration of the sounds obtained by percussion. He employed for the purpose a loaf of bread out of which he elicited the sounds peculiar to the various pathological changes occurring in the lung tissue. The normal vesicular resonance is reproduced in the tapping of a loaf of good bread. By soaking the loaf in water and thus filling up the interstices we simulate pulmonary œdema, and get the flat sound. If the absorption of water be not complete we get dullness proportioned to the degree of absorption. By substituting a solution of gelatine for water and allowing the bread to remain in it until the gelatine has congealed, we get a sound analogous to that occurring in the solidification of pneumonia. By introducing a solid substance into the loaf we may by percussion elicit the sounds brought out in deep solidification. Tympanitic resonance within a circumscribed space is illustrated by excavating a portion of the center of the loaf, leaving only the crust covering. By immersing the loaf for a few moments in water, the tympanitic resonance is brought into contrast with flatness in percussion. Circumscribed flatness may be shown by filling the space which gave the tympanitic resonance with some solid material, as dough containing no air, for instance.

The illustrate the vesiculo-tympanitic resonance remove from a loaf of bread by means of a hollow cylinder longitudinal sections in one half of the loaf. These spaces yield a tympanitic resonance and the portions of bread which remain give the vesicular sound. The tympanitic quality and pitch will correspond with the number of longitudinal sections removed.

The device is very ingenious and will prove very helpful to the student and tyro.

A BISMUTHIC HAIR-DYE.—As long as vanity exists as an element of human nature, so long will there be a demand for hair-dyes, even though the evils attendant on the use of those generally sold were familiar to all. An innocuous hair-dye is a desideratum. A. Naquet in a recent number of the Moniteur Scientifique claims to have supplied it. The following is his working formula:

Dissolve 100 parts of bismuth (the metal?) in the smallest possible quantity of ordinary nitric acid (about 280 parts). To this liquor add a solution of 75 parts of tartaric acid in water and than a rather considerable quanty of water to ensure complete precipitation. The whole is then thrown upon a filter and the residue washed with water until the washings are no longer acid. The magma left on the filter is then put into a dish and solution of ammonia gradually stirred in until all is dissolved. The magma derived from 1½ kilograms of bismuth will require 0.8 or 0.9 litre of ammonia. To this liquor is added 75 parts of hyposulphite of soda in powder, and when the salt is dissolved the product is filtered and put into bottles. In this state it is ready for sending into commerce, but it is of advantage to add 1 or 2 per cent. of glycerine; no addition of alcohol is necessary. The liquid so prepared would contain about 5 per cent. of bismuth. It may be further diluted with water if desired.

The hair or beard when saturated with this liquid acquires after five or six hours a deep chestnut color. Upon washing the hair this color disappears, giving place to a delicate flaxen color. By repeat-

the operation daily a stage is arrived at when, after passing through all the intermediate shades, the deep chestnut color remains persistent.

Anatomical Material.—We understand there are parties at Lansing intent on the practical abolition of the Anatomy Act which has been in operation in this state since the last session of the legislature. It is difficult to regard the machinations of such meddlers with composure. The present Anatomy Act has worked admirably, and has effectually removed the necessity of the body snatching which scandalized the profession and institutions of learning before its enactment. The only objection which we have heard as being urged to secure its repeal is the fact that it discriminates between the poor and the rich; that simply because a man is poor and without friends his body is given to the dissecting table. Such argument is demagogism, pure and unalloyed, and the simple fact that it is urged is a reflection on the intelligence of the people of this commonwealth. The existing Act permits of an abundant supply of material for our colleges, and that too without violence to the feelings of any. If the criminal or the pauper who has been supported by the state leaves behind him any relative who may desire his remains, all that such relation need do is to present his claim. The privilege which a "friend" might exercise was at the root of much of the body-snatching which thrived under the old regime. A "friend" could demand the pauper's interment and thus prevent the corpse from becoming legitimate dissecting material, only to permit of the same "friend's" resurrecting the remains and disposing of them for a consideration, to those to whom they are an absolute necessity. We sincerely hope that attempts to tinker the present Anatomy Act may meet with signal defeat.

Fatty Heart.—The frequency of necessity for the use of anæsthetics makes quick and ready means for detection of fatty degeneration of the heart desirable. It must be anything but pleasing for the practitioner to find post mortem that he has exhibited chloroform or ether, or any of the anæsthetics to a patient whose heart is already seriously weakened by fatty transformation of its muscular structures. Dr. Stoffela, in the Wiener Med. Presse, has given us a good synopsis of the signs by which fatty heart may be recognized: Feeble and irregular action of the heart, peculiar softness of the impulse of the apex of heart against the chest wall, distant, indistinct or muffled valvular sounds and dyspnœa, which cannot be explained by lesions of the lungs or of the cardiac valves, are the signs which indicate with great certainty the presence of fatty degeneration. The origin of the trouble can always be traced to some vice of nutrition; sometimes there is general anæmia, sometimes there is excess of fluid in the pericardium interfering by pressure with the process of nutrition, and sometimes there is atheroma of coronary arteries. The various preparations of iron have been most useful in the treatment of the disease. But the great point is to recognize its presence and not increase the tendency to death by the careless exhibition of anæsthetics.

Treatment of Diphtheritic Sore Throat.—As during an epidemic of scarlatina there is the prevalent scarlatinal sore throat without other manifestations of the scarlatinal poison, so during the prevalence of diphtheria there is the unmistakable diphtheritic sore throat, with or without its "follicular patch," which is capable of spreading even the true malignant affection. Such a sore throat has recently appeared in Edinburgh and is made the subject of a report by Dr. Jamieson in the Edinburgh Medical Journal for December. In its treatment Dr. Jamieson has found the most marked benefit from the internal exhibition of salicylate of soda and the frequent local application of a solution of boro-glyceride in glycerine. Boro-glyceride, it may be necessary to state, is a mixture of 62 parts of boracic acid in 92 parts of glycerine. The glycerine must be heated to a high temperature and the boracic acid slowly added. On cooling the mixture becomes a white crystalline mass. It is a very pronounced antiseptic.

Chloroform Catastrophies.—The past year has been signalized by an unusual number of deaths from chloroform anæsthesia. While such deaths are occasionally unavoidable and sometimes occur without premonition, we cannot but regard this unusual frequency as evidence of carelessness or ignorance. It is noteworthy that a considerable percentage occurred in the dentist's chair, and this fact but strengthens the suspicion of incompetency on the part of the party administering the anæsthetic. With a careful regard to the conditions which should obtain in such administration accidents would be less frequent. It is a notorious fact, however, that familiarity with chloroform has bred much contempt for its dangers, and the deaths to which we have referred will not have been wholly in vain if they shall succeed in arousing the profession (that of dentistry included) to the fact that the king of anæsthetics has not yet been shorn of his terrors, but that the velvet paw but conceals the murderous claws.

Hyperidrosis of the Hand and Feet.—This troublesome affection, often very rebellious to treatment, is said to be effectually relieved by the following:

Napthol	5 parts.
Glycerin	10 "
Alcohol	100 "

The affected parts are to be moistened with this mixture twice daily and afterwards to be dusted either with pure starch or with a mixture of starch and naphthol (two parts of starch and 100 of naphthol).

In sweating of the feet small pellets of antiseptic powder are to be dipped in the powder and placed between the toes.

Chamomile in Infantile Diarrhœa.—Dr. Christopher Elliott, Physician to the British Hospital for Sick Children (Practitioner, Dec., 1882), endorses Ringer's claim for the great value of infusion of chamomile in infantile diarrhœa connected with dentition, and in which the stools are many in number, green in color, or are slimy and streaked with blood, and accompanied by pain and cramp. He gives ʒ ss–ʒ j of the infusion to a child under one year, and double to quantity to a child over that age, giving it three times a day or oftener, according to the severity of the attack. He explains the rationale of this treatment by the power which chamomile flowers possess of subduing reflex excitability, a power residing in the volatile oil contained in them. Grisan was unable to tetanize, by means of strychnia, a decapitated frog which had been fortified with a dose of chamomile oil, and *vice versa* when reflex excitability had been artificially produced by means of strychnia, it could be calmed again by chamomile oil.

To Relax a Rigid Os.—Dr. Boardman Reed (Medical and Surgical Reporter) calls attention to the danger of causing rigidity of the os by the employment of ergot during the first stage of labor, the physiological action of the drug being to contract the circular muscular fibres in the os more than those in the fundus. When rigidity exists independently of ergot, he finds the exhibition of opium and chloral hydrate, internally or morphia and atropia, hypodermically, to be par excellence the agents for its relief. He gives preference to the combination of morphia and atropia, hypodermically. He fails to give the quantities or proportion of these alkaloids, but we presume he refers to their salt (the sulphate) and the usual proportion (one part atropia to twenty of morphia), and would inject, say, morphiæ sulph., gr. 1-6, and atropiæ sulph., gr. 1-120. Writers for the general profession should be definite in their statements in such matters.

Local Therapeutics of Liver Disease.—The Medical and Surgical Reporter gives a synopsis of the experience of Dr. F. Mosler, as published in the Deutsche Med. Wochenschrift, in the introduction of water into the bowel (by funnel and tube) for its action on the secretion of the liver. He found that it augmented the percentage of water in the bile and reduced the proportion of its solid constituents. Medicines, especially salicylic acid and its salts, as well as iodide of potassium, thus given in solution have been recovered in the bile. As a therapeutic measure these injections have been chiefly employed in icterus catarrhalis, but they have latterly been resorted to with benefit in other diseases of the liver, as hepatitis, interstitial and suppurative, and are suggested in the case of gall-stones. In the latter condition the increased fluidity of the bile must increase its solvent property and thus create a hope that the calculus may be dissolved.

Operation by Inclination.—Fifty years ago ophthalmology was not recognized as a specialty and there were but four recognized methods of operating for cataract, as follows: Abaissment, adopted by Dupuytren; extraction, practiced by Roux; and reclinaison and broiement, resorted to by other distinguished surgeons. La Revue Medicale tells us: One day an old lady presented herself at the clinic of Lisfranc. She had cataract and imagined serious derangements of her bodily health. She had been under the treatment of many surgeons and had acquired a peculiar fondness for the use of technical terms. She spoke of having suffered from cephalalgia, from angina pectoris of the side, from borborygmi of the bowels and formications of the extremities, but she came to the clinic to be treated for her eyes. Lisfranc examined her and remarked: "My good woman, you have already been operated upon?" "Yes, sir; two operations; Dupuytren operated by amusement and Roux by distraction." "Very well," said Lisfranc, "since amusement and distraction have not restored your sight we will now operate by inclination."

Hair Wash.—The Medical Bulletin says the following will be found very efficacious, slightly stimulating and cleansing to the scalp:

℞ Potassii iodidi ....
Pulv. sodii biboratis. ....
Aquæ ammoniæ..... .....
Tr. lythæ ves..... ..... ʒiij ℥ iss
Ol. rosmarini. .... ʒ ij.
Ol. myristicæ..... ..... ʒ ij.
Aq. colognicnsis .... Ojv.
Ol. macidis..... .... ʒ iss.
Aquæ..... ..... Oviij.

Boracic Acid in the Treatment of Boils.—A writer in the Journal de Med. de Paris commends the use of boracic acid as an abortive application to boils claiming that it relieves the pain and causes the disappearance of the swelling in three or four days. His method is to apply in the form of an ointment made by rubbing up four parts of finely powdered boracic acid and one half part of benzoic acid with twenty parts of vaseline.

Hell hath no fury like a woman scorned. Somebody reported that sister Sawtelle, of the Medico Literary Journal, had grown weary in her work in connection with the Women's Medical College, San Francisco. Our estimable sister advises that man to "put an iron pot upon his head, as Brooks in the senate chamber advised Sumner to do just before the war of the rebellion, to protect his skull while Brooks enforced his argument with his cane." Despatches from the Pacific slope will, for some time, be awaited with interest

A religious contemporary revives the powerful appeal made to the sexton some years ago, for better ventilation. After indicating the heterogeneous composition of the atmosphere of an ill ventilated church after 500 men, women and children "sum with bad breths, sum fevery, sum scroflus and sum not over clean," have respired and transpired in it for fifteen minutes, he appeals to the sexton's sense of right and humanity, touchingly as follows:

"I put it to your konshens,
Are is the same to us as milk to babies,
Or water is to fish, or pendlums to clox,
Or roots and hairbs unto an Injun doctor,
Or little pills unto an omœopath,
Or boize to gurls. Are is fur us to brethe.
What signifies who preaches if I can't brethe?
What's Pol? What's Pollus to sinners who are ded?
Ded for want of breth?"

The Medical Bulletin complains that it had had a stenographer's report of two lectures by Austin Flint, Sr., M. D., made and put in type at considerable expense, but found out just before going to press that Messrs. Henry C. Lea's Son & Co. had obtained a copyright on the lectures. It indignantly asks "what right or by what authority has a publishing firm to place a copyright on lectures delivered before, and at the expense of the Philadelphia County Medical Society?" We presume Dr. Flint could answer this question to the satisfaction of our contemporary. The lectures were his and he disposed of them in the same manner and on similar conditions to those on which the physician sells his prescriptions, not to be repeated without permission of the author—which permission Messrs. Lea & Co. doubtless paid for and secured.

Pasteur has had placed at his disposal a new appropriation of 50,000 francs ($10,000), by the French Minister of Agriculture. In 1880 and 1881 similar sums were granted the illustrious savant, the brilliancy of whose success in previous investigations upon the contagious diseases of animals removed all obstacles to the present appropriation. May it enable him to conduct us to the promised land, in the matter of the diseases of the human flesh, which we have faintly discerned from the Pisgah heights to which previous experiments on animals have led us.

The U. S. Treasury Department has decided that a wet nurse is a laborer. The question arose in connection with a female Mongolian who was taken to task, under the Chinese Immigration Act, for suckling a Caucasian infant in this country. Having decided that wet-nursing is labor, it would have been interesting had the department fixed its species. It isn't mental nor manual, nor does it come properly under that other division of labor peculiar to the female. What kind of labor is it?

Dr. O. W. Holmes has been credited with some rather odd sayings recently. Here is the last: "An old woman who knows how to make a poultice and how to put it on, and does it *tuto, cito, jucunde*, just when and where it is wanted, is better—a thousand times better in many cases—than a staring pathologist who explores, thumps and doubts and guesses and tells his patient he will be better to-morrow, and so goes home to fumble his books over and make out a diagnosis." Dr. Holmes is a poet and as such takes license.

The Medical Record opens the new year with a larger sheet and more of them, and with not the slightest abatement in the energy or ability which has always characterized its contents. It will in future aim to further establish its character as a medical newspaper. Competition is the soul of journalism as it is of trade, and the recent revival among our eastern medical weeklies has redounded to the benefit of the profession.

The worst blow yet aimed at the medical profession is that by a southern legislator who introduced a bill providing for the inscription of the name of the decedent's physician on his tombstone. This attempt to remove the practitioner's greatest consolation (the friendly covering of his mistakes by mother earth) should be severely frowned down. We have much to endure, but the line must be drawn somewhere.

Percival: "It is the characteristic of a wise man to act on determinate principles; and of a good man to be assured that they are conformable to rectitude and virtue. The relations in which a physician stands to his patients, to his brethren and to the public, are complicated and multifarious, involving much knowledge of human nature and extensive moral duties."

Dr. Kingsley, U. S. A., suggests a novel method of removing insects from the ear. He accidentally discovered that by holding a lighted candle near the ear the insect would at once of its own will come forth, provided always, we suppose, it has not become imbedded in the cerumen.

Dr. Hughlings Jackson, in a recent address, says that too much specialism in teaching tends to produce prigs rather than practitioners. Webster defines a prig as a pert, conceited, saucy, pragmatical fellow. But Dr. Jackson is an Englishman, and speaks of Englishmen, and our specialists will draw what consolation they can from this fact.

The Minister of Public Instruction, of France, proposes the creation of a new degree in medicine—Doctor of the Medical Sciences—to be conferred only on those who have given proof of their fitness for it by the passage of a more thorough examination than that required for the degree of Doctor of Medicine. The proposition does not seem to meet with favor, as it should not. Rather create a lower degree and make the requirements for the old one more rigid.

The Monthly Review of Medicine and Pharmacy will hereafter appear under the unique title of Quinologist. It seems to us that Dextro-Quinologist

would have been more appropriate; it would certainly have been more descriptive of the mission of its predecessor.

The Maryland Medical Journal has reorganized and enlarged its staff. It now has fifteen editors, of whom Dr. Ashley is chief. We extend our heartfelt sympathies to our afflicted brother,

Murchison says that when alcohol intoxicates a typhoid fever patient the fact indicates his convalescence.

A Manual of Histology. Edited and prepared by Thomas E. Satterthwaite, M. D., Professor of Histological and Pathological Anatomy in the New York Post-Graduate Medical College; Pathologist to the St. Luke's and Presbyterian Hospitals, etc. In association with Drs. Thos. Dwight, J. Collins Warren, Wm. F. Whitney, Clarence J. Blake and C. H. Williams, of Boston; Dr. J. Henry C. Simes, of Philadelphia; Dr. F. Westbrook, of Brooklyn, and Drs. E. C. Wendt, Abraham Mayer, R. W. Amidon, A. R. Robinson, W. R. Birdsall, D. B. Delavan, C. L. Dana and W. H. Porter, of New York. Second edition, enlarged and revised, containing two hundred and two illustrations, with an appendix.
New York: Wm. Wood & Co.
Detroit: John Willyoung.

The appearance of the second edition of this book so soon after the first is quite suggestive, but if in the multitude of counsel there is wisdom, this early appearance of the second edition is only a natural sequence. The array of authors is a formidable one, and if their names have not been placed on the title page for mere effect, the combined efforts of such a staff must be productive of results rarely witnessed in a book. An examination of the book reveals each man to have been a worker, and one's anticipations are fully realized. In the first part, Dr. Satterthwaite has worked alone, and he contributes chapters, respectively, on Materials Requisite for Histological Work, Methods for Preparing Microscopic Objects, The Blood, Epithelium, The Connective Substance Group, The Teeth, General Histology of the Nervous System. In parts 2 and 3 the collaborators appear, Dr. Dwight contributing a chapter on Muscular Fibre; Dr. Wendt chapters on The Blood Vessels, The Alimentary Canal, Urinary Excretory Passages, and The Salivary Glands; Dr. Birdsall, on The Lymphatic System; Dr. Mayer, on The Liver and Biliary Apparatus, and The Kidney; Dr. Simes, on The Male Organs of Generation, and The Female Organs of Generation; Dr. Westbrook, on The Respiratory Tract; Dr. Robinson, on The Skin; Dr. Amidon, on The Central Nervous System; Dr. Williams, on The Eye; Dr. Delavan, on The Nasal Fossæ, Pharynx and Tonsils, and The Mouth and Tongue; Dr. Dana, on The Spleen, Pancreas, Thymus, Thyroid and Pineal Glands, and Pituitary Body; Dr. Warren, on The Thick Cutis Vera; Drs. Whitney and Blake, on The Ear; and Drs. Porter and Wendt, on The Mammary Gland. This allotment of subjects has been most judicious, the writers each being known in connection with them. The editor is entitled to great credit for reducing to homogeneity the heterogeneous styles which must have been presented to him by this variety of writers. The work is one which we do not hesitate to commend to any reader desiring to direct his thought or studies in this direction. It contains 470 pages, but is not prolix.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M. D., Edin., F. R. C. P., Lond., Late Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Third American edition. Enlarged and adapted to the U. S. Pharmacopœia by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

This is a book of 500 odd pages, small 8 vo. It opens with an introduction in which are discussed the various methods of administering drugs, general rules for prescribing, instructions in prescription-writing and other matters of general interest, including a cursory consideration of general therapeutics. The materia medica part of the work is concise to a brevity which interferes with clearness, and it is but a very indefinite "guide" in this particular. In the matter of therapeutics, it is, however, a remarkably valuable little book, and is an excellent guide to the scientific treatment of disease. Its arrangement is admirable indeed. This portion is printed in double columns, in the first of which is contained a statement of the physiological effects of the drug; in the second column we have the therapeutic applications as they are suggested by these known physiological effects. The student is thus able at a glance not only to learn the therapeutic properties of the drug as these are given in ordinary works, but he is naturally initiated into the rationale of its action, and that too with the minimum amount of effort on his part. The only criticism we have to offer on this feature of the book applies to its brevity. A comprehensive treatise arranged on its plan would be extremely valuable. Until such a treatise is prepared, the book before us is to be commended, without reserve, to both the undergraduate and to the practitioner. It is quite replete with formulæ, which are also largely based on the physiological properties of the drugs entering into them.

Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. Second edition. Enlarged and improved, with one hundred and nine illustrations.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

This book is especially such a one as the medical student, or the practitioner who during his student career did not give much attention to electricity, will find useful. It was written for the use of this class in particular, the author assuming an entire unacquaintance with the elements of the subject as the point of departure. Dr. Bartholow's reputation as a teacher needs not to be written up, while as a writer he is not less widely or favorably known. A

combination of the qualities necessary to the successful teacher and writer is all that is required to produce a book of the aim of that before us, and it is sufficient to say that the author's reputation has in no wise suffered by the issue of this work. There is no better work for the commencing student of electricity in its application to medicine, and its study will qualify one for all ordinary demands for the use of this agent in general practice. The simplicity and lucidness of its style will, moreover, prove attractive to many who have been deterred by the abstruseness and volume of other works on electricity, from giving the subject the attention which it demands from the general practitioner.

Detroit Medical College—Clinical Remarks upon Enlargement of the Prostate Gland.

BY H. O. WALKER, M. D., PROFESSOR OF ORTHOPEDIC SURGERY, GENITO URINARY DISEASES, AND CLINICAL SURGERY.

GENTLEMEN—The following case is illustrative of many such, that you will meet with in your career as physicians:

This patient John B., Irishman, aged 73, presents himself to day for treatment of a difficulty which he designates, "trouble in passing his water," and states that it has existed for fifteen years. He first noticed that he was called upon to rise earlier than usual to urinate; this condition has continued, gradually growing worse until at present he frequently gets up half a dozen times during the night to pass his urine, attended with some pain just after the act. He further states that during the day he urinates more frequently than formerly, and often right after, there is an urgent desire to urinate again.

I will here elucidate to you what I suspect is the matter with this man, by asking him to urinate in this vessel, which he has done, and I should presume the quantity measures about four ounces. I will now introduce a number 8 English velvet-eyed, soft rubber catheter with the opening at the end, and you observe that we have drawn off fully a pint more of urine, showing conclusively that this man is unable to empty his bladder, and that he is suffering from interference with urinary flow from prostatic obstruction. Interference with urinary flow, is due to other causes than prostatic enlargement, namely, acute inflammatory engorgement of the mucus membrane of the urethra, stricture, and stone in the bladder. The first occurs usually before the aged of twenty-five; the second between twenty five and fifty years; and stone may occur at any period of life, while prostatic emlargement takes place between the ages of fifty and seventy years. Excluding stone, we can safely conclude from the age of our patient just what may be the cause of interference with urinary flow. These facts remembered, will aid you materially in making out a diagnosis in these cases.

Rectal examination by the finger aids us still further in the diagnosis of this man's difficulty, the prostate presenting as it does, a large globular feel.

The prostate gland, by the way, is a misnomer, for it is not strictly speaking a gland, but a muscle, possessing purely a genital function, that of ejaculating the semen as it comes from the ejaculatory ducts through the floor of the prostatic urethra.

The prostate does not possess any function until after the age of puberty, when it becomes rapidly developed at that period. Its shape resembles that of a chestnut, consisting of two lateral lobes, not three, as has been supposed.

The apex of the prostate is directed forward and surrounds the neck of the bladder and the first part of the urethra, which runs through its upper portion usually. It weighs about half an ounce, with the following diameters: length 1¼ in., breadth 1½ in. and thickness ⅔ in., enclosed in a fibrous capsule. The glandular portion of the prostate consists of a number of small glands and ducts which open into the prostatic urethra, secreting a bluish mucus, for the purpose of diluting the semen. The muscular portion consists of unstriped muscular fibres, and its action is spasmodic, coincident with the venereal orgasm.

The enlargement of the prostate is not a physiological but a pathological condition, and I am inclined to the opinion if more physiological discretion was exercised, we would have fewer pathological prostates.

Further than numerous hypotheses that have been offered, we have no knowledge as to the cause of prostatic hypertrophy. The condition is nothing more or less than a fibroid tumor of the prostate, similar to what we find in the uterus after middle life, for the muscular tissue of both are analogous.

The forms which this enlargement takes on are various, depending upon which part of the organ is involved. Sometimes the enlargement is spherical, but more frequently irregular, the posterior median part is most frequently involved, giving to us the so-called "third lobe."

The median enlargement may assume a pedunculated tendency, and act as a valve to the outlet, or take on a broad base, forming a bar at the neck of the bladder, a condition that exists in our patient, I have no doubt.

Having arrived at a diagnosis in this old man's case, our next consideration is what shall we do for him? Our knowledge of the treatment in the way of cure in this class of cases is not as yet very satisfactory. We can only allay symptoms, and afford comfort to our patients. No means thus far used have proven satisfactory in diminishing the hypertrophy.

The earlier the treatment is begun in these cases of chronic retention of urine the better, for the longer the delay the greater liability to chronic cystitis, caused by the decomposition of the residuum of urine which is left after each urination.

This mechanical obstruction to the outflow of

urine is best relieved by the catheter, and the choice of a catheter is important, for when its use is once commenced it will have to be kept up, and it is quite desirable that the catheter should be right and the least liable to do harm. The one I have just used I consider the proper thing, as it is soft and elastic and readily follows any irregularity of the channel through the prostatic urethra. Sometimes you may meet with some difficulty in introducing it, but this is easily overcome by introducing within it a small gum bougie or filiform guide, which can be withdrawn after the catheter enters the bladder. Now this procedure once seen by the patient is easily done by him for his future treatment. There are various catheters used, made of metal and hardened rubber, which are valuable and not to be condemned, yet the one I show you is much easier to introduce and less liable to do harm in inexperienced hands.

Occasionally you will meet with a case of enlarged prostate in which the water passage is temporarily closed, and in the agony and desire to get relief the patient falls into the hands of some one who has not the proper instrument nor the skill to introduce it properly, and in his efforts to effect an entrance into the bladder he ruptures the urethra at the prostate, getting considerable blood and no urine. A case of this kind quite recently came under my observation, wherein all reasonable efforts, with all the approved appliances at my command, I failed to enter the bladder, and I was forced to aspirate for three days, until the inflammation, the result of meddlesome catheterization, had subsided, before any instrument could be introduced. The urethra is often subject to violent surgery, which it usually recovers from, but occasionally it is overdone and the results are disastrous. Never use force in passing a catheter or sound of any kind, for you will succeed much sooner by gentler manipulation. It is much better to aspirate than to use undue force. We will advise our patient to procure a soft rubber catheter and have him use it two or three times a day for the present.

As I have already premised, we cannot expect to lessen the hypertrophy of this man's prostate by any means we may use. Yet it will do no harm to give him two or three grains of ergotine three times a day, as the remedy has a certain reputation for the lessening of fibroid tumors. Where cystitis exists, irrigation of the bladder with hot water once a day will be found grateful, adding to each pint of water a scruple or two of salicylate of soda.

The administration of some of the alkalines, to correct the acidity of the urine, is desirable, and the following formula I have found as efficacious as anything I have used:

℞ Fl. ext. uvæ ursi ....
Fl. ext. buchu ....āā ʒ ss.
Liq. potass..... .... ʒ ij.
Syrup tolu, q. s .... ʒ ij.

M. S.—Teaspoonful every three or four hours.

These cases of chronic cystitis in connection with enlargement of the prostate are far from pleasant to deal with, and it is, therefore, essential to commence the treatment of prostatic obstruction early.

Dr. Reginald Harrison, of London, in a recent paper suggests the gradual dilatation of the prostatic urethra with properly shaped bulbous bougies, a method which is worthy of trial, coming from the source it does.

[Reported for the MEDICAL AGE by J. R. Arnold, Medical Student.]

Fistula in Perineo.

CLINICAL LECTURE BY DANIEL LA FERTÉ, M. D.
PROFESSOR OF ANATOMY, ORTHOPŒDIC SURGERY AND CLINICAL SURGERY, MICHIGAN COLLEGE OF MEDICINE.

Here is a gentleman who has suffered from an ischio rectal abscess. This ischio-rectal abscess is in the cellular tissue which surrounds the rectum, between it and the ischium. These abscesses are frequently the cause of fistula in the anus. We often find fistula in the anus preceded by abscess in this region. These abscesses may be caused by a variety of troubles—one of the most fruitful of which is constipation of the bowels. In constipation of the bowels small particles of the fæces become lodged in the folds of the rectum, where they produce more or less irritation and by degrees penetrate through the rectum, become lodged in the cellular tissue around the gut, where they not unfrequently are a source of irritation and inflammation, as a result of which we have pus formed which makes its way out in the neighborhood of the anus, anywhere between one-quarter of an inch and an inch and one-half from the lower opening of the rectum. The upper opening of the fistulous tract is not unfrequently quite difficult to find. It is in some cases situated above the internal sphincter, but more frequently between the two sphincters of the bowel. There are comparatively few of these cases whose internal opening cannot be located by judicious and careful probing. It is seldom higher than one inch above the anus. This case which I present to you is of traumatic origin. It might be either syphilitic or scrofulous; some cases arise from some source or cause that we are not able to trace very directly.

This man, while attempting to couple cars, was caught between the draw-bars, one striking him anteriorly just above the pubes, and the other posteriorly in the lumbar region. The man was perfectly well before the accident, which caused severe inflammation in the region of the perineum. The inflammation after a time ended in the formation of pus and opened near the median line of the perineum, just back of the scrotum; not the usual place for fistulas to open. You will find, as before stated, in cases of

fistula in ano that the outside opening is from one-quarter of an inch to an inch from the verge of the anus. You very seldom find it at this distance seen in this case; it is a very unusual point for it to open. When a fistulous opening exists at this point it is mostly due to some trouble with the urinary tract, but I have examined this man with the sound and find no trouble there; the urethra is perfectly free, there is no obstruction; we trace the whole trouble to a traumatic cause. Now, the question comes up, Is this a trifling case? We answer no; it is a serious case and we may have some trouble to get it to heal, because we cut through the transverse perinei muscle which will spread open the incision and we can only get healing by granulation. We are going to cut open the space between the external and internal openings; we have to take these chances.

You notice he has no control over his bowels; the fæces, etc., make their exit at this point. After we lay this open we may have some trouble to get granulation from the bottom and sides on account of the abundance of cellular tissue which lies in this region, and the perinei muscles which draw the edges apart.

There is another little point that you want to remember in operations for fistula in ano, that is, that there is considerable sympathy between the lungs and the rectum. Where a person has any family history of lung trouble and has a fistula in ano most French surgeons will not close up the fistula; they allow it to remain as a kind of counter-irritant.

Not long ago I operated on a very muscular man who had a stricture of the urethra and fistula of the anus, whose family history was good and himself free from tubercular taint; that man did not rally very well; he came to my office every day for three months; he had a slight hacking cough; to day he is dying of consumption. When he first came to me I could not discover any trouble in the lungs. This shows that there is some truth in this theory.

Another point I wish to make is this: The reason so many fail to get success in this operation is because they do not perform it properly. And I have learned from experience that a great many failures come from improperly performed operations.

Where the fistula has existed for a long time there is a certain amount of cartilaginous-looking tissue forming the walls of the same; this must be clipped or cut out in order to allow granulation from the bottom, and since I have adopted this plan I have had no trouble in getting granulations and healing from the bottom of the wound, but without cutting away this cartilaginous tissue it is impossible to get healing.

We will proceed to operate upon this man. In operations of this kind some surgeons pass the finger into the rectum, while they passed a grooved director through the fistula. In this way the surgeon is liable to cut his finger if the patient moves. A better plan is to pass a groove director through the fistula and out of the anus, and then use a bistoury, if the patient moves the fingers are out of harm's way.

Treatment of Diphtheria.

BY DR. C. WIENSMA, SAND CREEK, WIS.

I find in the last volume of the Michigan Medical News (No. 11) a report by Dr. Roth (Deutsche Wochenschrift) in which he states that he treated 34 cases of diphtheria successfully by the use of cyanide of mercury. Fixed lines of treatment or stereotyped formulæ are not always to be depended on, but they are sometimes worthy a trial.

I will give my treatment of 72 cases, out of which I have lost but two. First:

℞ Acidi carbol. pur...grm.1½—3 (gr. xxiij—xlv.)
Spt. vini rectif.....
Tr. persulph. iron.
Glycerine.....ää grm. 8 (ʒ ij.)

M. S. Pencil the parts every three hours.

Sometimes I omit the persulphate (particularly in small children) and substitute tr. ferri chloridi.

A preferable application in small children, and particularly in agina crouposa et diphtheritica is:

℞ Acidi hydrochlor.....grm. 4 (ʒ i).
Aqua font.....gr. 40 (ʒ j ℈).

M. Sig. For pencilling.

Internally give the following:

℞ Potassii chloratisg..grm. 2–3–8 (gr. xxx to ʒ ij)
Acidi carbolici.....grm. ss. (gr. vijss) or less.
Glycerinæ.....grm. 1 (gr. xv.)
Aquæ dest.....grm. 40 (ʒ i℈.)
Syr. corticis aurantii.grm. 8 (ʒ ij.)

M. Sig. A teaspoonful every hour for adult; child in proportion.

Or,

℞ Quinine bisulph.....grm. 2 (gr. xxx.)
Sacchar albi.....grm. 4 (ʒ j.)

D. Div. in partes No. vj

Sig. One powder three times a day.

Sometimes I make a solution of quiniue and potass. permanganas, in a small dose.

For pain, or want of sleep and restlessness, give narcotics, and in depression wine and sometimes camphor.

In addition to the above I use the cold pack to the neck, changed hourly, and to allay the thirst, ice pills.

This treatment may not always prove satisfactory in every practitioner's hands, but as I like to hear from others I submit my method for them to consider.

The parting injunction of one of my teachers, Prof. F. A. W. Miguil, of Utrecht, was: "Be a student all your life if you would succeed," and I know of no more profitable study than the experience of my brethren.

The Medical Age.

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Report Your Cases.—The whole is equal to the sum of its parts, and any attempt to develop the whole without commencing at the parts, increasing their number and improving their quality, is an attempt in the wrong direction. The futility of any such procedure is nowhere more apparent than in matters medical. Medicine in so far as it is a science is made up of facts. Anything besides facts which enters into it is not of it, no matter how intimately associated with it it may be. Theories may beautify and adorn, and serve a temporary purpose in assisting toward the proper placing of facts in the fabric, but facts are the essentials to stability and usefulness. Any system of medicine having other foundation than this, is builded on sand, and doomed to collapse. Is it a fact that an infinitesimal dose of a particular drug relieves a particular morbid condition, or that a "heroic" dose of another drug relieves another morbid condition? It matters not how these drugs work to the end—whether they do so in conformity with this theory or that; the fact that they do their work is the essential thing, and it belongs in the noble fabric of medicine. If it cannot be accommodated with its theoretical infirmities, strip it of these and fix it in its place in all its natural beauty.

The facts going to constitute medicine are derived from many sources: from dissecting room, and morgue, and laboratory, and bedside. There are busy earnest workers in all of these, and all are digging from the great quarry of truth the indestructible material, facts. While we would not pen a syllable which would offend or discourage a single one of these, we must declare that the contributions from some of them are out of proportion to the immediate requirements, and the tendency is to the construction of an edifice which is not symmetrical. These contributions are chiefly from the laboratories, and in the absence of contributions from the bedside, their incorporation into the structure makes it lopsided. The way to restore symmetry is not to curtail the contributions from the laboratory but to increase the number of those from the bedside. There is a vast amount of clinical matter going to waste which if it were properly utilized would vastly promote the interests of science. It is wastefulness of the worst kind to throw valuable material in with the garbage and thus facilitate its destruction. There is not a practitioner who sees a half a dozen cases a day, who might not or who actually does not note a fact the record of which in a medical journal would not prove helpful to others. If this be so what shall we say of the wastefulness of the physician whose daily visiting list contains from twice to six times this number of names?

Report your cases if you would do your duty to your profession. This does not imply that every case should be reported in full, but that everything unusual should be contributed to the common fund. Don't permit a lack of ability, or a lack of time to dress your facts in comely garb, to interfere with your reporting them. What the medical editor wants is the fact. If it is so clad as to permit of its presentation in public, he is merely relieved of the task of clothing it, but he would rather far have the naked fact that a profusion of fine apparel. It is a part of his business to prepare copy for the printer, and with solid facts before him his task is made easy and his life a joy. He will

make no criticism on the orthography, syntax or prosody of an article which has in it the goodly kernel. Had John Hunter or Dupuytren or hosts of other keen-eyed, but not profoundly scholarly workers, refrained through regard for grammatical elegance, from reporting the facts which they noted, what would medicine have been to-day? The nicely rounded sentence and the polished style are very desirable accomplishments but they are not the indispensables in medicine.

DEFECTIVE PLUMBING AND SEWERAGE.—Decomposition and the generation of noisome gases are a part of the plan of nature, but in that marvelous adaptation of means to ends which characterizes her workings throughout, she has provided for the utilization of the emanations poisonous to animal life, to the nourishment and growth of vegetable life. This natural provision will amply guard against the evils liable to flow from decomposition, if it be not frustrated by artificial devices When these gases, however, are retarded in their escape into space, or pass out from the seat of their generation through the habitations of man, a lowering of vital resistance, deterioration of health or specific disease is the result. Doubtless, much of the disease of modern life is directly due to this cause. In the country the dangers from noisome effluvia are less than in cities, because of the absence of sewerage and the direct connection, through waste pipes, between sewers and the interior of dwellings, which obtains in the vast majority of instances in city dwellings. The means of disposing of excreta in the country permit, as a rule, of their decomposition and the subsequent oxidation after nature's appointed way. These means are, of course, impracticable in cities, and a system of sewerage is devised to remove the evacuations of the inhabitants and other waste organic matter to points where they may undergo decomposition without risk of its products being respired. But the design of our sewers falls woefully short in its execution. They are laden with matter which is constantly undergoing decomposition and the effluvia from which is constantly finding its way into our dwellings in spite of the "safety traps" and other devices interposed to prevent it. And not only does sewer gas, so-called, arise to mingle with the air which we respire, but it is likewise a carrier of contagion, and as such very often frustrates the best appointed efforts to prevent the spread of contagious diseases. In our city, at the present time, diphtheria and scarlatina spread from house to house in spite of the most stringent quarantine of dwellings containing the disease. These are certainly not spontaneous diseases or due to auto-infection. They are unmistakably contagious diseases and are communicated by bacteria given off from the diseased surfaces. It matters not whether these bacteria are, *per se*, the poison, or are simply the bearers of the poison from one child to another, the fact is probably indisputable that they are the cause of the spread of the disease. But how do they act as contagion carriers under a rigid system of isolation? Through the sewers into which are thrown the excreta of the patient. This conclusion finds strong support in the progress of these diseases in this city this winter. It has been noted that the number of cases reported at the health office varies with the state of the weather. During the season of mild weather in December the reports showed upwards of 100 new cases a week of diphtheria alone. When a cold snap came on this number decreased only to rise again when the weather once more became mild. Following the cold snap commencing on the 21st ult., when the thermometer dropped to —15°F, the new cases fell off 50 per cent. The subsequent mild weather has been attended with another increase. The frost imprisoned the disease germs which were liberated again with the thawing out.

What is the remedy against this spread of bacteria through our sewers? Ventilation of the sewers. Any attempt to keep sewer gas out of a house out of which a waste-pipe discharges into a sewer, by means of traps, must always be unsatisfactory. With a proper ventilation of our city's sewers we believe that diphtheria and scarlatina—usually termed preventable diseases—could be confined to the houses where they first occur; but in the absence of such ventilation all attempts to that end must be unsatisfactory.

ACID DYSPEPSIA.—In a paper read before the Manchester (England) Medical Society, Dr. McNaught claims, from experiments made on himself, that the acid which causes the irritation in heartburn is hydrochloric acid. He analyzed matter obtained from his own stomach when he was suffering from acidity and was thus led to the above conclusions. He further showed that the tendency of hydrochloric acid is to prevent lactic fermentation, and he adduces this as additional evidence that the acidity in acid dyspepsia is not due to lactic acid.

We are willing to concede the fact as above stated, but we repudiate the deductions. The author of the paper displays that unfamiliarity with this subject which is at the root of the empirical and often mischievous treatment of acid dyspepsia by means of alkalies, etc. This condition may be due either to an excess or a deficiency of hydrochloric acid, and the treatment differs accordingly. When hydrochloric acid is deficient the process of normal digestion gives place to fermentation, in which lactic and butyric acids are both generated. In the case of excessive secretion of hydrochloric acid the acidity will be found to be greatest either before meals, and is relieved by food, or immediately after meals. In deficiency of this normal ingredient of the gastric juice the food remains undigested and in from two to four hours after its ingestion, according to the nature of the food, fermentation and acidity supervene. In the latter case the eructations are not only acid but peculiarly irritating to the œsophagus, the existence of butyric acid being particularly apparent to the taste.

In the treatment of each of these varieties of acidity, acids are to be exhibited, but in an intelligent manner and in conformity to the physiological law that acids check acid secretions. The exhibition of hydrochloric acid in combination with the simple bitter tonics one or two hours before meals overcomes to a degree the excitability of the glands and thus renders them less susceptible to the irritation of the food, the bitters assisting, by their direct tonic action on the tissue, towards permanent relief. When a deficiency of hydrochloric acid is secreted this should be supplied immediately after each meal. The acid given at this time facilitates digestion and thus prevents that fermentation which manifests itself in lactic and butyric acid eructations. The joint exhibition of pepsin in such cases aids in digestion.

Specific Treatment of Typhoid Fever.—The dictum that typhoid fever is a self-limited disease, and that it cannot be cut short in its course, is unquestioned and unquestionable. In the light of our knowledge the physician who lays claims to "breaking up" enteric fever, proclaims himself, in homely Saxon, either a knave or a fool. Doubtless a remittent fever may take on a typical type from the sheer exhaustion of strength and consumption of organic constituents due to prolonged heat, but this is not typhoid fever.

The fact, however, that typhoid fever cannot be aborted, affords no argument for a quiet folding of the arms and trusting to the expectant plan of treatment, so-called. This plan has been abundantly weighed and found wanting. The hospital records of Great Britain and this continent show a percentage of about 22 in upwards of 90,000 reported cases treated thus. A death rate of more than one case in five is certainly too high to justify a feeling of satisfaction with the situation. The average of the death-rate in this country under the various plans of treatment in vogue, is not half as great; but a loss of ten per cent. is still too heavy.

In view of the above, anything new in the line of treatment of this disease is always in order, and that, too, in spite of the volumes on the subject with which our libraries teem. The latest method is that advanced by Dr. James C. Wilson, of Philadelphia, who reports sixteen cases treated by him in Jefferson Medical College, and the Philadelphia Hospital. Out of these sixteen typical cases of enteric fever not one resulted fatally. His plan is as follows: Rigid attention to all hygienic details. As soon as the symptoms warrant a reasonable suspicion of the disease, the patient is put to bed and placed on a diet of milk, animal broths, jelly, and simple custards in small quantities, and at intervals of two or three hours. At night give a dose of from 7½ to 10 grains of calomel, and repeat every second evening until three, or, rarely doses have been taken. If the case has not come under observation until after the tenth day, one or at most two such doses of calomel will be all that is permissible. Excessive diarrhœa, should it occur, may be controlled by opium, given in suppositories containing one grain, or in quarter-grain doses *per os, pro re nata*. The recumbent position is insisted on from the very beginning, the bed pan and urinal being employed until defervescence is completed. The patient should be turned on his side from time to time and maintained in that position for twenty or thirty minutes at a time.

From the beginning of the attack the following mixture is given in doses of one, two or even three drops in a small quantity of water after food every two or the hours, during the day and night:

℞ Tr. iodinii..... ... 3ij
Acidi carbolici liq..... 3j.

Unless some unusual circumstance occur to render a change necessary, this medicine is not suspended until the attack draws to a close.

Tepid sponging of the body is practiced twice a day and equal parts of vinegar or alcohol is added to the water.

When the evening temperature reaches 104° F., twenty-four to thirty grains of quinine is given as a falling temperature, the usual plan being to give eight to ten grains in solution at 5, 5:30, and 6 A. M. of the following day. Should the stomach reject it, it may be given in half the quantity hypodermically.

Under this plan of treatment alcohol is not often indicated prior to the close of the second week, while in some cases it is not called for at all.

Perils of Medical Practice.—Our English exchanges give graphic accounts of a sad case which recently transpired in England, and which illustrates some of the dangers to which medical practitioners are subject. A Dr. Edwardes, of Hounslow, was accused by a female patient of an assault on her chastity, and a demand made on him for money as a condition of reticence on the part of the woman. In his hour of trial, Dr. Edwardes naturally consulted his partner, who instead of coming to his support seized upon the opportunity to dissolve their business relations. Thus attacked and suspected by the one who should have stood by him, at least until his guilt was established, poor Edwardes, doubtless losing all hope of establishing his innocence gave up the fight, and by means of a dose of prussic acid placed an impassable barrier between him and his persecutors. He left behind him a note written on the very brink of eternity, asseverating his innocence of the charge brought against him by "the morbid imagination of a licentious-minded, hysterical woman," and praying for a "blessing on his wife, his little boys, and his mother." The woman struck by remorse at the suicide of her victim made a written retraction of the charge, with every expression of regret. Popular sympathy for the family of the deceased is deep and everything possible has been done to mitigate the pain of their misfortune, while the indignation against Dr. Whitemarsh, the partner, took

shape in the stoning of his house by a mob, who would also have lynched him but for the protection of a posse of forty constables.

On the heels of the above case comes the following: The prosecutrix, a young girl, came to Dr. Sparrow complaining of morniug sickness, headache, and total suppression of menses for the past five months. Suspecting from her general appearance that the patient was pregnant, Dr. Sparrow refused to give any emmenagogue medicine (which she urged him to do) until satisfied that she was not *enceinte*. To ascertain this, he, with her full concent, made an examination which fully confirmed his previous suspicions. The patient then left, and the next thing the doctor heard of the matter was a summons for assault. Fortunately, he was able to produce the evidence of three visitors and three servants, who were all within ear-shot at the time, yet heard no outcry.

The magistrates, convinced that the whole affair was "a plot," at once dismissed the charge, and no doubt the lapse of a few months will confirm Dr. Sparrow's diagnosis and his perfect innocence. We are well pleased to observe that Dr. Sparrow's medical brethren, having satisfied themselves of his freedom from guilt, stood by him in his adversity. In provincial practice it is obviously impossible for a practitioner to have at all times the safeguard of witnesses when it becomes necessary to make gynæcological examinations, and it is daily becoming more manifest that charges of immorality against medical men ought to be regarded with the utmost suspicion.

These sad cases have their lessou. While we have a feeling akin to contempt for a man who suicides to avoid trial and sorrow, particularly when he has within him the consciousness of innocence, our sympathies are touched by the salient features of the case. Physicians are constantly liable to similar charges to these and we have known of instances in which in spite of innocence, they have paid money to avoid a scandal. The only safeguard is that suggested by our contemporaries, viz., that physical examinations of women should be made only in the presence of a third and reliable party. The woman who objects to this should be sent elsewhere.

Prostatorrhœa.—This affection is very commonly confounded with spermatorrhœa, and is the "soul and body destroying disease" on which "retired clergymen" and other philanthropists of that ilk grow rich. The due appreciation of the nature of the urethral discharge by the family physician, and a proper knowledge of the treatment would do much towards curtailing the ravages of the sharks who excite the imaginatiou and fears of our youth and rob them not only of their money but also of their health The following is a resumé of the treatment as laid down by Dr. Campbell Black, of Glasgow, in a recent number of the Lancet:

That bromide of potassium exercises a sedative influence over the motor sexual and urinary centre in the spinal cord, is admitted to be one of the ultimate facts of therapeutics; nay in some cases so marked is this influence that when the drug is taken in large doses a temporary retention of the urine is thereby occasioned. It is a modification of this toxic influence that we desiderate in bromide of potassium as a therapeutic agent. It is extremely probable that this impression extends along the whole anterior portion of the spinal cord. Reflex action is thus inhibited, and muscular excitability diminished. It seems to me that the sympathetic and the motor systems may be regarded as two opposite poles on whose properly balanced tone normal function, especially circulation, depends. Hence impressions on the sympathetic (fibres of Remak) which diminish its inhibitory power, exalt motor influence, and thus accelerate the circulation and determine congestions. It on the other hand motor influence is diminished, sympathetic dominance is correspoudingly established. Bromide of potassium undoubtedly possesses the latter property. Thus it induces sleep by causing cerebral anæmia; and, by a similar influence on the pelvic viscera, operates beneficially in all cases of uro-genital hyperæsthesia and congestions. The bromides of camphor and iron seem to possess similar properties. Belladonna, and its active principle atropia, act apparently as therapeutic agents by stimulating the fibres of Remak, and are thus of acknowledged efficacy in the treatment of enuresis and spermatorrhœa; and atropia, according to Rosenthal, and Dr. S. W. Gross, in prostatic discharges. When there is reason to suppose that there is an atonic condition of the prostatic ducts, such motor stimulants as strychnine and ergot of rye are specially indicated.

Enlarged Tonsils.—Dr. Gordon Holmes discusses the treatment of chronic enlarged tonsils in the Lancet of Nov. 11th. He gives his preference to excision by means of the tonsillotome, when there are no manifest contra-indications. The tonsillotome (Physick's or Fahnestock's) is much to be preferred to the bistoury and tenaculum, being more expeditious and devoid of danger to the underlying vessel. Cases are, however, constantly met with in which the child steadfastly refuses to submit to the cutting operation, or in which parents object; or the enlargement may be so great as to render excision necessary. In these the application of caustics is our only resource. Strong solutions of perchloride of iron are useful only in temporary acute engorgement, being absolutely valueless in true hypertrophy. Among caustics, nitrate of silver, chloride of zinc (in stick), Vienna paste, London paste (equal parts of powdered unslacked lime and caustic soda made into a paste with water as required), are those commonly employed. Nitrate of silver is of service only in cases in which the surface of the gland is in a softened and raw state, being useless in reducing the toughened mass of

connective tissue which usually constitutes the permanently enlarged tonsil.

There is, however, another method, very much more effective, of applying the common causties to the tonsil, which appears to have remained hitherto unnoticed. The tonsil, as the anatomist knows, is permeated by several rather large channels around which the follicles are collected, opening on the pharyngeal side of the gland, whence its characteristic cribriform aspect. Their orifices, about seven to fifteen in number, are sufficiently evident to be counted on the healthy tonsil *in situ*, whilst in the hypertrophied condition these lacunæ increase greatly in calibre and depth, and can be ascertained by a probe to vary from one-eighth of an inch to half an inch in length, with a diameter capable of admitting a style of ordinary size. These observations, then, afford a valuable indication for treatment: for through these natural canals a way lies open for us to attack the heart of the gland in a most efficacious manner with our caustics. Thin, pointed sticks of nitrate of silver or chloride of zinc can easily be pressed into the lacunæ and worked round for a few seconds. Small sloughs are thus formed which are soon discharged, and in the progress of this treatment the tonsils are hollowed out in one direction whilst being contracted into much smaller bulk by the subsequent cicatrisation in another. Two or three channels in each tonsil can be cauterized daily or on alternate days, and we can thus act on a comparatively large surface whilst causing but slight external soreness and little or no suffering to the patient. In practising this method, although the stronger caustics may be used, Dr. Holmes does not think it will be necessary to have recourse to anything more potent than nitrate of silver, which acts much more effectually on the more tender internal structures of the tonsils than when applied to the comparatively callous pharyngeal surface.

The galvano-caustic (a small loop of wire raised to a white heat by electricity as soon as placed in contact with the surface to be cauterized) is a very eligible means of destroying the growth. It kills immediately the part to which it is applied and leaves a clean ulcer, which soon heals almost unfelt by the patient.

Dr. Holmes attaches no importance to the hypothesis that removal of the tonsil impairs the generative functions.

Sulphurous Acid and Iron in Scarlatina Maligna.—There is probably no disease more surely fatal than scarlatina maligna and none in which it is less safe to rely exclusively on the *vis medicatrix naturæ*. If treatment is to prove of any avail it must be begun early on the manifestation of the attack and persistently and vigorously prosecuted. In a paper published in the January number of the Edinburgh Medical Journal, Dr. Keith Norman McDonald strongly insists on the importance of these propositions and urges the necessity of close attention by the practitioner himself to the details of treatment. He regards scarlatina and diphtheria as similar affections, in so far as they are due to blood poison, and was led from the success attending the exhibition of sulphurous acid and iron in the latter to resort to it in the former. The results have been as satisfactory as it would be reasonable to hope for. His plan is, briefly, the following: At the very beginning of the throat affection he gives to a child of five or six years of age, 10 minims of sulphurous acid with a small quantity of glycerine in water every two hours and directs sulphurous acid spray (strength ʒ ij to ʒ jv to the ounce of water) to be applied every three hours to the fauces,—about twenty squeezes of the hand atomizer. The solution must be recently prepared as when it is kept for some time in water it takes up an atom of oxygen an becomes sulphuric acid. In conjunction with the above he gives from 3 to 5 grains of chlorate of potash with 7 to 10 minims of tr. ferri muriat. in glycerine and water, more or less according to the age, every four hours. He further directs a strong solution of permanganate of potash (ʒ ij or more to 6 ounces of water) to be held in readiness for laving the lips and mouth several times in the day to arrest the formation of the dark sordes which collect about these parts. Sulphur should also be burned in the sick chamber three times a day at least, by placing flour of sulphur upon red-hot cinders on a shovel and walking about the room with it, thus diffusing the sulphurous acid vapor through the apartment, until the atmosphere becomes a little unpleasant to breathe. This plan does not, of course, obviate the necessity of attention to hygienic details, diet, stimulants, suching of small pieces of ice, sponging and inunction of the surface, etc.

A New Mode of Relief in Intractable Chronic Cystitis.—Sir Henry Thompson, than whom there is no higher living authority on genito-urinary affections, having conceived the idea that if the bladder in cases of cystitis, could be afforded rest and freedom from irritation for a short period it would become tolerant of its contents, has devised the following operation to that end: Placing the patient in the lithotomy position, and under the influence of ether, he introduces a grooved median staff into the bladder. He then makes, from the raphé of the perinæum, a small vertical incision just above the anus, large enough only to admit the index finger—the incision to terminate in the staff at the membranous portion of the urethra, which should be divided for half an inch at most, so as to admit the finger to traverse the canal to the neck of the bladder. Then withdrawing the staff, he introduces through the opening a large vulcanized catheter or tube, say about No. 20 (English scale), with its extremity just within the bladder, and fastening it in position by means of tape to a bandage around the waist. The tube is to be retained in the channel for several days at least.

This operation performed in several cases of

chronic cystitis, and in irritability and retention due to enlargement of the prostate, brought very prompt relief, rendering the lives of the sufferers tolerable and even pleasurable. The benefit is attributed to temporary suspension of function in bladder and urethra. By means of the tube the urine leaves the bladder almost direct from the ureters, while the bladder and urethra, being in a state of perfect quiescence, cease almost immediately to be inflamed. All muco pus disappears and the urine is in as healthy a condition as when it leaves the kidneys. The retention of the tube for a week gives the inflamed membrane an opportunity to recover sufficiently to retain the urine for hours in cases in which previously it was impossible to retain it beyond a comparatively few minutes. In a case of retention from enlarged prostate in which it was necessary to catheterize the bladder nearly every hour, the instrument was found necessary only once in five or six hours, thus permitting sleep and rest.

This operation is a manifest improvement on supra pubic puncture in retention from enlarged prostate.

Convallaria Majalis.—This new cardiac sedative and tonic is now attracting very considerable attention, and the reports in the journals are very flattering to its prospects of supplanting digitalis, the only remedy that has heretofore been accorded properties of this nature. Its physiological action is to diminish the frequency of the heart beat and to raise arterial tension. Its action on the heart is probably through its power of stimulating the inhibitory function of the pneumogastric, while it increases tension by direct rather than mediate tonic action on the nonstriated muscular tissue of the vessels. Muscular fibre has a power of contraction inherent in itself and independent of nervous supply, and to attribute the action of convallaria majalis to its operation through this function is more reasonable than to assume that it, at one and the same time, stimulates both pneumogastric and sympathetic. But whatever the *modus operandi* of the drug may be, we have in it what promises to prove a very valuable addition to our rather short list of remedies controlling and giving tone to cardiac function. It has one property, or rather the absence of one property, which gives it a great preference over digitalis, and that is the fact that its action is not cumulative. The charge of this property to digitalis has been controverted from time to time, but not we believe, with a sufficient amount of evidence in fact to affect its truthfulness But in addition to this claim to preference there is another in the fact of the increased reliability of the preparations of it over those of digitalis. It is well known that digitalis loses its virtues by cultivation, and that a preparation made from a sample of the drug which has not grown wild is practically inert. There is much of the cultivated drug in the market and unfortunately druggists are not always competent to test their stock for its percentage of digitalin and thus to determine the degree of dependence to be placed on it. This liability to error does not exist in the case of convallaria majalis, and this fact alone, other things being equal, is sufficient to give to the new drug the preference in prescriptions.

The Future of Consumption.—In a recent clinical lecture (Cincinnati Lancet and Clinic) Dr. James T Whittaker takes a very rose-colored view of the future of consumption. He is a radical convert to the gospel of the bacillus and declares that the destruction of this parasite means the cure of phthisis. Bacilli exist everywhere but the sputum is their favorable nidus; here they live and multiply and it is in this favorite soil that they must be attacked. The lecturer closed his remarks with the following suggestive utterances:

Since we have arrived at the essence of the disease we will soon be able to control it. Of course we cannot render the system immune against it, like small-pox, because the latter disease invades the body only once, whilst the bacilli of tuberculosis enter it repeatedly, only waiting for a favorable nidus for their further development.

The disease is at first always local. The object then is first of all to exterminate phthisis by killing the bacilli before they re-enter the body. Therefore a phthisical patient ought to spit into the fire or a portable can filled with mineral acid Every phthisical patient that pulls out a handkerchief opens a Pandora's box, spreading the poison in all directions. Man is always subject to phthisis; two-sevenths of us die of it. It is therefore well worth our highest consideration to have some hope offered of exterminating the disease. We can hardly expect to kill the bacillus by medication, but by proper precautionary measures we may hope to extinguish the cause of the disease.

Local treatment has been tried in various ways; it has been tried successfully to cut out the diseased lung in animals; the aspirator needle has been used in man to suck out cavities, to remove the cause and to introduce remedies.

Inhalations cannot kill a bacillus. Encourage your patients to spit it out, but not to the destruction of other people Make the whole body strong. Keep them outdoors that they may not continually reinfect themselves. Post mortems prove that the most of us have it, and recover from it. Take away the gloomy prognosis. Make the diagnosis early.

Chicken-Pox in the Adult.—The question of the possibility of the occurrence of varicella in the adult has long been a moot one. While the recorded experience of a few attests such possibility, the great weight of authority declares that the disease is confined exclusively to children. None deny the possibility of the occurrence in the adult of an eruption identical, as to physical appearances, with the eruption of chicken-pox, but the majority re-

gard such eruption as that of mitigated small-pox and capable of propagating unmodified variola in those unprotected by vaccination. This question was somewhat freely discussed in connection with a case happening in the interior of the state last spring. A patient from an infected district presented himself for examination to two physicians of large experience in this city, who separately and without consultation pronounced the eruption varicella. Inasmuch as it subsequently appeared that this patient's family had had variola, these physicians were censured for what was freely pronounced an error in diagnosis. Had they had a true history of the case to assist them, they would perhaps have been more cautious in their opinion. Their diagnosis was, however, based exclusively on the case as it presented itself, and was pronounced by certain officials high in authority, as erroneous, the judgment being based not on an examination of the case, but on the assumption that the occurrence of varicella in the adult is an impossibility.

A case calculated to vitiate the above assumption has just occurred in this city. The children of the family were attacked with chicken-pox, and shortly after the mother had a similar eruption. Gentlemen who deny the possibility of the occurrence of chicken-pox in the adult, were called to see the case, and without exception they were converted from that view. The case is all the more interesting, because the attending physician and others called in, were connected with the discussion of the case which afforded grounds for dispute last spring.

Is There a Specific Gonorrhœal Pus?—Dr. Robert Newman discusses this question in the Southern Clinic. He cites numerous authorities and supplements the quotations with his own experience, and gives the question a negative answer, holding that there is but one virus; that the pus in benign or simple urethritis and specific gonorrhœa is identical, and that a severe specific gonorrhœa (so-called) can be acquired without sexual contact or transmission by contagious virus. He formulates the following conclusions from his study and experience:

1. Urethritis in both sexes is an inflammation of the mucous membrane of the urethra. 2. The causes of inflammation are manifold, and not necessarily from sexual intercourse. 3 Leucorrhœa in the female is the symptom of a disease, also a consequence of inflammation, not necessarily acquired by sexual intercourse. 4. There is only one pus, the discharge in either disease, a consequence of the inflammation. This pus is identical with any other pus. 5. Pus is innocuous at first, but is contagious as soon as it becomes putrid, which is accelerated by uncleanliness and by decomposition. 6. Any putrid pus is contagious, no matter from what part it originates. 7. As we have only one cause (inflammation) of the purulent discharge, and only one pus, it is unwise to use terms like gonorrhœa, which may bring patients in undue suspicion, damaging their reputation and jeopardizing the harmony and happiness of families.

The importance of this question from a medico-legal aspect cannot be over-estimated. We have in mind a case in which suspicion rested on a young man who contracted gonorrhœa, shortly after which a child, four years of age, living in the same house, was taken with a severe vaginitis, with profuse purulent discharge. It was only our examination, which revealed the cause to be seat-worms, that prevented a criminal prosecution.

Morphia and Apomorphia in Coughs.—Rossbach (London Medical Record) concludes from a series of experiments, that apomorphia, emetin (ipecacuanha), and pilocarpine increase the secretion of the bronchial mucous membrane, and that they are *par excellence* the expectorants, pilocarpine, the strongest, being, however, objectionable, because of its depressing action on the heart. By a proper combination of morphia and apomorphia, we secure the most efficacious cough mixture. Rossbach indicates the following as a guide to such combination:

1. Hydrochlorate of apomorphia may be used as an expectorant; the best prescription is: ℞ Hydrochlorate of apomorphia, 3 to 5 centigrammes (about 0 45 to 0 75 gr.); dilute hydrochloric acid, 5 cubic centimetres; distilled water, 150 centimetres. Keep in a black glass bottle. The dose is one tablespoonful every two hours.

2. The combinat on of apomorphia and morphia lessens the frequency of cough and increases the fluidity of the sputa. ℞ Hydrochlorate of morphia, hydrochlorate of apomorphia, of each 3 centigrammes; dilute hydrochloric acid, half a gramme; distilled water, 150 grammes. One tablespoonful is given every two or four hours.

3. Morphia and atropin must be made up separately, as follows: Hydrochlorate of morphia, 2 to 5 centigrammes; distilled water, 120 grammes; red syrup, 30 grammes. The dose is one tablespoonful every two to four hours. ℞ Sulphate of atropia, half a milligramme (about 1 150 grain); liquorice powder and juice, enough to make twenty pills. One, two, or three pills are to be taken every night. These pills of atropin are best given in the evening from six to ten o'clock, at intervals of two hours, simultaneously with one or two spoonsful of the morphia solution; only the morphia to be given during the day should the cough indicate it. This joint action is recommended in catarrh, emphysema, and phthisis with abundant sputa (when, in the last, this does not come from cavities).

Examination of Urine.—Dr. Formad, of Philadelphia, who has recently come into prominence as a microscopist, gives the following succinct rules for the examination of urine, in a private lecture reported in a recent number of the Louisville Medical News:

1. Sediment in the urine has no significance unless deposited within twenty-four hours.

2. Albumen in the urine does not indicate kidney disease unless accompanied by tube-casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.

3. Every white crystal in urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form—urine alkaline.

4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.

5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by variety of epithelium.

6. The urine from females can often be differentiated from the urine of males by finding in it the tesselated epithelium of the vagina.

7. Hyaline casts (narrow), blood, and epithelial casts signify acute catarrhal nephritis. Much albumen.

8. Broad hyaline casts, and epithelial dark granules and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less.

9. Hyaline and pale granular casts, and little or no albumen, signify interstitial nephritis.

10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.

11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts, or devour them entirely in a short time.

12 Uric acid in the urine may, in Trommer's test for sugar, form a protoxide of copper, this often deceiving the examiner into the belief that he has discovered sugar. Thus, when urine shows only sugar, other methods of examination must be used —preferentially the lead test.

13. The microscope gives us better ideas of the exact condition of affairs in the examination of the urine than in the various chemical tests.

An Aseptic Chamber.—The value of antiseptic surgery is apparently not less highly regarded than formerly, although the means of effecting it have been somewhat modified. While Listerism proper is falling into desuetude, the great principle which it represents is not less clearly recognized, and the ingenuity of surgeons is being stimulated to devise methods for its application. The latest device is by Herr A. Schücking, of Pyrmont, and consists of a double chamber, each compartment of which is air-tight. It is rendered aseptic by the filtration of all air entering, through layers of cotton. The current is created by an exhaust pump driven by a half-horse power hot-air engine. The walls of the chamber are kept clean by washing with strong carbolic acid solutions. The patient's clothing is to be of linen, over which is to be placed a water-proof covering, and both are to be thoroughly disinfected before use. An ante-chamber is attached to the chamber proper, in which is a bath for disinfecting purposes. It would seem that such a device and precautions would prevent the entrance of bacteria, but, as a contemporary suggests, patients have also intestinal canals whose contents are infested with microbes which enter with the food necessary to sustain life, and which cannot be strictly confined to the digestive tube. To complete the aseptic precautions, complete disinfection of the stomach and bowels, and of the food taken, will be necessary.

Objections to the Code of Ethics.—A writer in the Medical Record formulates his objections to the Code of Ethics of the American Medical Association in a series of pointed paragraphs in which he elaborates the following points as constituting the grounds on which the New York Medical Society repudiated it: 1. It was inoperative. 2. It failed to prevent quackery. 3. It was opposed to the general judgment of the public. 4. It affronted and made enemies of all medical men declared to be irregular. 5. It infringed on individual rights. 6. The definition of an irregular physician did not describe all who are classed as irregular. 7. A legal wrong was done under it, in the opinion of prominent lawyers. 8. It was a hindrance to securing legislation for the general elevation of the profession.

These objections to the venerable instrument are thus very definitely stated, and it seems to us that the fullness of time has come for their consideration. The unchanged shape in which the code has come down to us is an unwarrantable assumption of perfection on the part of its framers.

A New Operation for Spina Bifida.—At a recent meeting of the Leeds and West-Riding Medico-Chirurgical Society (British Medical Journal) Mr. Robson presented a child six weeks old upon whom, when it was six days old, he performed a new operation for spina bifida. After removing the redundant parts and stitching up the arachnoid over the spinal canal, periosteum from a rabbit was inserted between the meninges and the skin so as to cover the gap in the bones. The wound has perfectly healed, the skin over the lumbar region was quite level, there seemed to be no tenderness on pressure and the child looked strong and healthy. The following points were especially dwelt upon by Mr. Robson: 1, the operation was performed with full antiseptic precautions; 2, the meninges were closed by uniting the serous surface, as in peritoneal surgery; 3, the transplantation of living periosteum and its continued vitality; it had not yet, however, formed new bone, but the covering of the canal had a greater than mere skin firmness; and 4, the entire absence of bad symptoms in the child, operated upon at so early an age.

Fat an Anti Fat.—According to a German writer, Dr. W. Ebstein, who has recently issued a pamphlet entitled "Corpulency and its Cure, Ac-

cording to Physiological Principles," corpulency is due to the ingestion of a super abundance of albuminoids and sweets. His treatment of the condition consists of the reduction of these latter and the increase of the quantity of fat in the food. He claims for this method the venerable authority of Hippocrates. Bantingism and the mineral water system he condemns as highly injurious. He gives illustrations of the success of his method, but an analysis of these, while it reveals the relative amount of fat to have been large, shows that the whole amount of food taken was little more than starvation fare. Doubtless with the quantity of food thus reduced fat would be a much safer diet than highly nitrogenized material. There are physiological reasons for this, but it is manifestly illogical to attribute the reduction of adipose in the cases cited to the fat taken.

CALOMEL IN DIPHTHERIA.—Dr. Charles S. Miller reports (Southern Practitioner) a case of diphtheria in which the breathing was very much embarrassed by the membrane. Calomel in 10-grain doses every hour, until twelve doses were given, was followed by prompt recovery, the membrane being thrown off and showing no tendency to re-form. Neither catharsis nor emesis followed these apparently heroic doses. The case seems strongly corroborative of the claims made by Dr. Reiter in a recent number of Squibb's Ephemeris. Dr. Reiter, however, recommended the calomel in the same sized doses before the membrane appeared, and to prevent its formation, having little or no faith in this treatment after the patch had formed. We should be very much pleased to receive any report on the use of calomel as above. Dr. Reiter's claims for the drug employed in this manner are too positive to be allowed to pass without subjecting it to a trial.

DRUGGISTS' TREATMENT OF GONORRHŒA.—M. Diday protests (Lyon M., No. 18, 1882) against the treatment of gonorrhœa by druggists, his argument being that they always prescribe specifics (copaiba, cubebs, ect.) and injections much too early, and thus prolong the duration of the attack to more than twice its normal length. M. Diday exemplifies his meaning as follows:

Doctors' Treatment.—A patient first notices discharge on April 25, and comes to the doctor on May 1. The treatment should be: From May 1 to June 7, diluents, etc., June 7 to 21, direct antiblennorrhagic treatment. Duration about 60 days.

Druggists' Treatment.—May 1 to 8, diluents; May 8 to June 21, injections and specific drugs internally, with no good results; June 21 to July 20, again diluents; July 21 to August 14, antiblennorrhagic remedies in large doses. Duration, 105 days.

TREATMENT OF PARAPHIMOSIS.—Dr. O'Connor of the Limerick Hospital recommend (British Medical Journal) as an improvement in the treatment of paraphimosis the winding of ordinary twine firmly and closely from before backwards around the constricted portion of the penis. By this procedure the exudation is driven backward and on unwinding the twine after a short time the prepuee comes readily forward. He has resorted to this device on several occasions with invariable success and with the causation of but a trifling amount of pain.

Phœnix-like The Toledo Medical and Surgical Journal has risen from its ashes. Its new editors commence where the old ones left off when the publication "kinder gin out" a year or two ago. The first number of the new deal contains an announcement of the birth of the Toledo Medical College. We extend our congratulations to our Toledo brethren on this successful delivery after so many years of travail, and wish both enterprises the abundant success which is the reward of long-sustained, well-directed effort. We notice that Dr. Whiteford, formerly of this city, is on the professorial staff of the college. The doctor is a scholarly gentleman, of ripe experience and good presence—qualities which go to make up the successful teacher.

This is the season of the year when the thrifty, honest, conscientious, busy practitioner, who places his spare dollars where they will do the most good, encloses the amount of his "subscription in advance" to his medical journal. He thus lays up treasure which neither rusts nor is corrupted, and which yields him the largest percentage of interest of any investment he can make. Moreover, by such remittance he makes glad the heart of the publisher and infuses new life and zest into the editorial quill. As an act which is "twice blest," "drops as the gentle dew upon the place beneath," etc., the prompt remittance of the subscription, accompanied by a word of good cheer, double discounts that "quality of mercy" which Shakespeare says "is not strained." Try it, friends.

Dr. George M. Beard, the well-known neurologist and specialist in nervous diseases, died in New York on the 27th ult. He was only in the forty-fourth year of his age. He was noted for the originality of his ideas and for his boldness in announcing them, as well as for his pertinacity in defence of them. Although he would, doubtless, have modified many of his views had he lived, he was, nevertheless, of the material which the profession demands, but of which it secures too little. His early death is thus a great loss. The post mortem revealed embolic pneumonia, supposed to result from an alveolar abscess of the superior maxilla. Mrs. Beard also died of pneumonia, at the Grand Hotel, New York, on the 31st ult., just four days after her husband.

We notice that some of our newer exchanges are advertising a galvanic belt which claims to be a "Never failing cure for all nervous diseases, neuralgia, sciatica, lumbago, paralysis, kidney complaint, female weakness, fits, hysterics, prolapsus, and lost

physical powers." Surely such advertisements must be admitted thoughtlessly. While a new journal sorely needs the help of its advertisement department, it cannot afford to accept aid from such sources. Better an early and honorable grave than long life, riches and prosperity on such pabulum. Brethren, we are the conservators of professional honor and dignity. Pray let not mammon seduce us from our high trust.

Dr. Parvin nominates Dr. Billings, U. S. A., for the editorship of the proposed journal of the American Medical Association, and the nomination is simultaneously seconded from all parts of the house. The man who can write an address like that read by Dr. Billings before the International Medical Congress at the London meeting, would do honor to the tripod. Unfortunately, the doctor is, we fear, not an available man.

A Detroit doctor recently read a paper in which he attributed the ardency of the imperious passion in the male of the *genus homo* to the erect position of the animal. He was forced to the conclusion, after a critical survey of the facts, that man has gone erect for only a comparatively brief period, and that his organism is still suffering from the change to which it has not yet become adjusted. The inference is that a return to all fours is a cure for amativeness. Wonderful!

We desire to thank our contemporaries for the numerous kindly and complimentary comments both on THE MEDICAL AGE and on the journals to whose combination the AGE is due. It is not often that one is accorded the privilege of reading his epitaph. These kindly expressions are exceedingly gratifying and encouraging, and it will be the ambition of the AGE to be worthy of the encomiums pronounced on its predecessors.

We have a physician (?) right here in Detroit who avers that angina pectoris is an excellent remedy in consumption. He was driven here by the salutary Illinois Medical law. He is of kin with the Missouri doctor who cures catarrh at one sitting, and in proof of his success he guarantees to "remove the catarrh and place it on a saucer."

According to Grover Cleveland, of New York, in his inaugural message to the legislature, the position of Health Officer of the port of New York is one of the most, if not the most remunerative office in the country. His income is from fees and averages $40,000 per annum, and has been known to reach $60,000. This is certainly out of proportion to the value of the services rendered.

Dr. Wm. Richardson, of Carson City, Michigan, is about to remove to Dakota, and would like to correspond with some gentleman who might wish to succeed him.

Charles Reade, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal and whine.

The eighth session of the International Medical Congress will convene at Copenhagen on August 10th next, and will continue until the 16th.

A writer in the Medical and Surgical Reporter has found prompt relief to follow the application of balsam of copaiba in chilblains.

THE DISEASES OF THE LIVER, with and without Jaundice. With the special application of Physiological Chemistry to their Diagnosis and Treatment. By George Harley, M. D., F. R. S., Fellow of the Royal College of Physicians; Corresponding Member of the Academy of Sciences of Bavaria; of the Academy of Medicine of Madrid, and of several Continental Medical Societies; formerly President of the Parisian Society; Physician to University College Hospital and Professor in University College, London. Illustrated by colored plates and wood engravings.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane.

The author has adopted as his motto "True Science is the Key to Wise Practice," and his book is tuned to this key, the functions of the organ and the physiological action of drugs constituting the basis of treatment. He is sanguine enough to imagine that the adoption of the principles enunciated regarding the physical and chemical methods of diagnosing diseases of the liver, as well as the modes of action and administration of the remedies usually employed in hepatic affections, may conduce to a more rational and successful method of treating them than has hitherto been employed. This is a consummation devoutly to be wished, for, notwithstanding its vast importance and the frequency of the occurrence of the diseases to which it is liable, the liver is largely a terra incognita and its affections are as a rule treated very empirically.

Chapter one is devoted to a consideration of the value of physiological chemistry in the diagnosis and treatment of hepatic diseases. The author's language is here very forcible, and his voice is the voice of one speaking from knowledge and conviction. It is eminently calculated to carry conviction with it and to stimulate the reader to a close study of the author's methods as enunciated in the succeeding pages.

A comprehensive review of the work would be impracticable in this place. Chapter six, however, devoted to biliousness, must be noted. We are pleased to see the recognition of the word "biliousness" by this competent authority, and to observe the significance which he attaches to it. The word has of late years been becoming more securely incorporated as a justifiable medical term, but the nature of the conditions it is intended to describe is not clear to the majority. Dr. Harley makes three divisions of biliousness: 1. Acute biliousness, due to a hyper-secretion of bile. 2. Subacute biliousness, due to a diminished secretion of bile. 3. Chronic biliousness, due to imperfect secretion, both as regards quantity and quality of the bile. The etiology, symptoms and pathology of these divisions are clearly defined and a much needed light thrown upon the obscure although common

disturbances commonly embraced under the term biliousness.

The work is very systematic and exhaustive and is such a one as the intelligent practitioner will want to secure.

We have read it with much interest finding in it old truths clearly and sometimes quaintly put, and many statements of new ones which find their warrant in the experience of the author. There is a dogmatic air about the volume which is refreshing, for dogmatism is essential in a teacher. We want an author to speak dogmatically from his own experience. Glittering generalities never strike home. We had rather have something positive to start from, even though it were wrong, than vague statements which afford no foothold.

The illustrations are admirable throughout and the book is issued in the publishers usual good shape both as regards binding and the letter press.

LEGAL MEDICINE. By Charles Meymott Tidy, M. B., F. C. S., Master of Surgery; Professor of Chemistry and of Forensic Medicine and Public Health at the London Hospital; Medical Officer of Health for Islington; late Deputy Medical Officer of Health and Public Analyst for the City of London, etc. Volumes I and II.
New York: Wm. Wood & Co.
Detroit: John Willyoung.

These two volumes are respectively the November and December numbers for 1882 of Wood's Library of Standard Medical Authors. Volume I is devoted to Evidence, The Signs of Death, Identity, The Causes of Death, The Post Mortem, Sex, Monstrosities and Hermaphrodism. Volume II discusses Expectation of Life, Presumption of Death and Survivorship, Heat and Cold, Burns and Scalds, Lightning, Explosives and Combustibles, and Starvation, its treatment. A conception of the nature of this work may be formed from this enumeration of the contents of the two volumes before us. The publishers of this admirable series have evinced a keen appreciation of the necessities of the contemporary profession, in their selection of this subject. We take it that physicians of to-day are sadly deficient in the knowledge of that division of medicine which has to do with the determination of criminal guilt. A knowledge of the fundamentals of medicine is not sufficient in itself to prepare the physician for a court of law, or to qualify him to protect himself and his profession against the assaults of the legal fraternity. When he takes the witness stand as an expert it becomes him to be posted as to the proper method of giving testimony, so that the ends of justice may not be defeated by technical flaws in his evidence, and also that he may not bring the profession into disrepute by a confusion in his statments which the astute lawyer may convert into contradictions. The expert should add to a profound acquaintance with his subject a thorough knowledge of legal ways, in so far as they may have a bearing on him. A book which shall combine a statement of such scientific facts of a medical nature as have a bearing on cases at law, with clearly defined instructions as to the manner of the giving of these to the jury, has been a desideratum. It is supplied in the work before us as it is supplied in no other work with which we are familiar. The work consists of four volumes, and the remaining two are announced to constitute the October and November numbers of the library for 1883.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1883. The volumes selected for publication in 18-3 are believed to be equal to any previous series, in point of scientific merit, and will far exceed them all, in beauty and excellence of mechanical workmanship. Wood's Library of Standard Medical Authors will continue to be sold the current year, as heretofore, by subscription only, at $15 a year. As these volumes are all new and some of them original works, prepared especially for this Library, it may become necessary, from wholly unforseen causes, to substitute some other work in place of one or two of the volumes. Such a possibility, however, is less likely to occur this year than heretofore, every precaution having been taken to ensure the delivery of the manuscripts in season to enable the publishers to issue them as advertised.

I. MANUAL OF GYNECOLOGY. By D. Benj. Hart, M. D., F. R. C. P. E. Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc., etc.; and A. H. Barbour, M. A., B. Sc., M. B., Assistant to the Professor of Midwifery, University of Edinburgh. Volume I. Illustrated with ten plates, two of which are in colors, and 192 find wood engravings.

II. MANUAL OF GYNECOLOGY. By D. Benj. Hart, M. D., F. R. C. P. E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc., etc.; and A. H. Barbour, M. A., B.Sc., M. B., Assistant to the Professor of Midwifery, University of Edinburgh. Volume II. Illustrated with a lithographic plate and 209 fine wood engravings.

III. HAND-BOOK OF ELECTRO-THERAPEUTICS. By Dr. Wilhelm Erb, Professor in the University of Leipzig. Illustrated by 30 wood engravings.

IV. THE MICROSCOPE AND ITS REVELATIONS. By Wm. B. Carpenter, C. B., M. D., LL. D., Sixth Edition. Volume 1. Illustrated by one colored and about 16 plain plates, and upwards of 300 fine wood engravings.

V. THE MICROSCOPE AND ITS REVELATIONS. By Wm. B. Carpenter, C. B., M. D., LL. D. Sixth Edition. Volume 2. Illustrated with about 10 plates and upwards of 200 fine wood engravings.

VI. DISEASES OF THE ŒSOPHAGUS, NASAL CAVITIES, AND NECK. By Morell Mackenzie, M. D., London, Senior Physician of the Hospital for the Diseases of the Chest and Throat; Lecturer on Diseases of the Throat at London Hospital Medical College, etc. Illustrated by wood engravings.

VII. THE DISEASE OF WOMEN, A MANUAL FOR PHYSICIANS AND Students. By Heinrich Fritsch, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by Isidore Furst. Illustrated with 150 fine wood engravings.

VIII. THE TREATMENT OF WOUNDS Being a treatise on the principles upon which the treatment of wounds should be founded, and upon the best methods of carrying them into practice, including a consideration of the modifications which special injuries may demand. By Lewis S. Pilcher, A. M., M. D., Brooklyn, N. Y. Illustrated by wood engravings.

IX. HEREDITARY SYPHILIS: Its Pathology, Treatment and Differential Diagnosis. By F. R. Sturgis, M. D., Harv., Member of the Academy of Medicine, Ophthalmological Society, Dermatological Society, N. Y. Clinical Society; Visiting Surgeon Charity Hospital, New York, etc. One volume. Illustrated with one chromo-lithograph and several fine wood engravings.

X-XI. Legal Medicine. By Charles Meymott Tidy, M. B., F. C. S., Master of Surgery; Professor of Chemistry and of Forensic Medicine and Public Health at the London Hospital; Medical Officer of Health for Islington; late Deputy Medical Officer of Health and Public Analyst for the City of London, etc. Volumes III and IV.

XII. A Treatise on Veterinary Medicine as Applied to the Diseases and Injuries of the Horse. Compiled from standard and modern authorities. By F. O. Kirby. Illustrated by six chromolithographic plates, containing numerous figures and about 150 fine wood engravings.

The first of the above volumes has been issued. We shall reserve a notice of the work until its second volume, which will constitute the February number of the library, is out.

Pitzer on Electricity in Medicine and Surgery. By Geo. C. Pitzer, M. D., St. Louis, Mo. Pp. 83. Price $1 00.

This little volume will prove useful to those whose time or opportunity will not permit the study of the more exhaustive works on the subject. It is devoted to a consideration of the salient facts in this division of medicine, instructions as to methods, etc. It is well gotten up and is well worth the price asked for it.

[Reported by Zina Pitcher, Medical Student.]

Clinic of Prof. Hal C. Wyman, M. D., Michigan College of Medicine.

Senile Hypertrophy of Prostate.—This old man is nearly seventy years of age. His face indicates most miserable health. It means bad sleep and vesical tenesmus. He says he has had gravel and kidney complaint for two years. These terms are often used by the laity to describe various diseases of the urinary tract, while physicians use them in a more restricted sense. He seems to think he has given us a full history of his trouble in those words. We must question him. When did he first commence to get up at night to pass water? Several years ago. When did he have gonorrhœa? So long ago that he has almost forgotten—in his early youth. How long can he hold his urine now? Not more than a few hours. Sometimes he has painful desire to pass it every few minutes. Then, after several days and nights of terrible suffering, some of his "kidney medicine" appears to do him good, and he enjoys two or three weeks of comparative comfort. He has not been confined to his bed during these bad spells, but to his room. He was too nervous and irritable to rest long in bed. The doctor has been called in and given him a catheter, which he is to use when he has difficulty in emptying the bladder. His hand shakes so when he tries to pass it that he resorts to it only when the urine will not come itself; and then succeds only after repeated and painful efforts. His urine is thick and ropy, with much sediment. There is pus and blood and a strong ammonia smell. When the stream comes, with expected rush and force, it is found to trickle and fall sheer from the meatus. The driving power does not appear to reach the stream. Examination by rectum reveals enlargement of the prostate. It is felt as a smooth hard mass in front of the rectum. With the effort to void urine we can feel it crowds down upon the perineum, very much as we feel the vertex in the parturient woman crowd downwards in the pelvis. We notice, too, that with the effort to empty the bladder, the muscles, even to those of the jaws, are rigidly contracted. All his strength seems brought to bear upon the bladder, as in labor. This gives us some idea of why he is so feeble—why his sleep is so often disturbed. Is it the enlarged prostate that makes all this trouble? We take his old metal catheter, and with *tour de maître* pass it easily into the bladder. Obstruct the outlet of the catheter and feel the prostate through the rectum. We can trace the catheter through the gland into the bladder. And, now, during tenesmus, we feel the catheter to be firmly grasped, the prostate crowded forward, and can imagine how its muscular fibres are contracting. Now, remove the obstruction from the outlet of the catheter. The urine is discharged with force and the man's rigid muscles expand their energy in a groan expression of relief. This looks very much as if the catheter had removed the impediment to the normal discharge of urine, but did it remove impediment other than due to enlargement of the prostate? Might not the contraction of other muscular tissue than that of the prostate have been removed by the passage of the instrument? There certainly is abundance of muscular tissue about the urethra that requires to coöperate in perfect harmony with muscular tissue of the bladder to have normal micturition; and a nervous apparatus so sensitive, and so delicately adjusted to the will that it knows just when to prompt the evacuation of urine under normal conditions. Is it not reasonable to suppose that a man who has never had gonorrhœa or suffered any accident to the urethra or prostate could suffer the ill health which this man suffers? Is it fair to assume that fibroid hypertrophy of the prostrate is at the bottom of all these cases? Why should an all wise Creator select this gland for an untoward growth with no other apparent purpose than to inflict upon its owner the agonies of vesical tenesmus, putrid uriue, and perhaps stone? It yields a better therapy to recognize in bladder and urethra a nervous organization which operates in harmony with other animal functions, to believe that derangement of the normal relations between skin or digestive apparatus and kidneys may so change the quality of urine that it will become a source of unusual irritation to the sensory nerves of the bladder, provoking such frequent vesical genital reflexes that muscular and vascular hypertrophy is the natural consequence. Such a therapy leads us in the present case to the use of opium suppositories to allay the morbid instability; to the passage of the softest catheter sufficiently often to prevent the irritating and septic effects of decomposing

urine, and to give physiological rest to all the organs concerned in micturition, and to the choice of diet and hygiene that will give the blandest qualities to the urine.

If, on further examination, our patient proves to have stone or a willfully vicious prostate, this plan will put him in the best possible condition for operation. There will be no danger of septicæmia from the absorption of septic urine through a wounded urethra, bladder or perineum. There is no occasion for dosing him with alkalies, to further derange his digestion, perhaps. The urea decomposing in his bladder, in accordance with the well known formula, maintains sufficient alkalinity. The restoration of the normal acid reaction will be our safest clinical guide that septic fermentation has ceased in his urine and that he may with propriety be submitted to the knife or lithotrite. Senile hypertrophy of the prostate is the result of derangement of the vesico-genital reflexes—of trophic influences not limited to the prostate.

Enlarged Thyroid Gland.—This patient, John Freeman, will be seventeen years of age the first of February next. On questioning him I elicit the following history: He complains of a trouble, which he characterizes as croup, and which began three years ago. Simultaneously with its appearance the thyroid gland commenced to enlarge, the severity of the other symptoms increased as the gland increased in size. He complains of dyspnœa which he says is worse on assuming the recumbent posture. We will endeavor to make a laryngoscopic examination. With a good light and no diminution in the calibre of the trachea, we should be able to see down as far as its bifurcation. I will ask the patient to protrude the tongue and breathe rapidly thereby keeping the glottis open. The mirror should first be warmed so as to prevent the condensation of moisture on its surface. The patient now follows my directions, protrudes the tongue, which I grasp, and breathes rapidly, I now insert the mirror and find on inspection, that the margins of the glottis are pale. The insufficiency of light prevents further examination in this way. On examining the tumor externally we notice that with each act of deglutition it rises and falls, indicating its tracheal attachment; this, I think, you can all see. On further examination we find it wedged in between the sternum and trachea. This latter is the probable cause of the dyspnœa, which may be caused in two ways: by pressure on the trachea and in that way diminishing its calibre, or by pressure on the recurrent laryngeal nerves. If you recall the effects which followed division of these nerves, as demonstrated by vivisection, when I touched in the matter of Respiration, you will remember that the glottis remained closed after they were divided. Hence the effect that pressure on these nerves would have. Dr. William Warren Greene, attained great renown for his many successful operations for the removal of these tumors, but no one seems, as yet, to have attained his proficiency. I shall recommend as treatment in in this lad's case the internal exhibition of iodide of potassium, five grain doses thrice daily, and the external application of the compound iodine ointment.

Bronchitis—This lad has been here before. He was seventeen years of age the 28th of last December. He was taken sick seven weeks ago, while at work in the polishing department of the stove works, and thinks that the inhalation of the dust resulting from such work is the cause of his trouble. He was taken in the beginning with chills and fever of a remittent character, cough and loss of appetite. He has improved somewhat under treatment, which consisted of the exhibition of quinine and iron. As I percuss the chest, front and back, you will observe that no abnormal flatness is elicited. Auscultation reveals coarse, crepitant râles on both sides of the chest, during both inspiration and expiration. We will request the patient to lie on the table and look for disease of other than the thoracic organs. I see you notice the peculiar shape of the chest. Well, if you place any man in this position you will be likely to have the same deformity. Percussion along the edge of the ribs reveals a tympanitic sound; here we have the stomach, and here the colon. Now we come down to the iliac fossæ. We turn the patient on his side. In this position we have some trouble defining the boundaries of the spleen and kidneys. This position allows the spleen to slide away; the interposition of muscles and fat also renders it difficult to define this organ. I notice here a peculiar bulging of the ribs, I run my hand under the ribs, but can discover no tumor. This examination, coupled with the fact that the attack was ushered in by chills, fever and cough, narrows our case down, and renders our diagnosis of bronchitis and malaria a comparatively easy matter. I shall continue the treatment, with the precaution to give fifteen to twenty grains of quinine during twenty-four hours every seventh or eighth day, so as to anticipate a return of the trouble.

Tonsillitis.—This patient, Emma B., is twenty-two years of age. She complains of a sore throat, difficulty in swallowing, and a pain in the chest. Her indisposition was ushered in with chills and headache. She says she felt very bad yesterday, but is easier to-day. Her tongue is a little pasty. On examination of the throat the mucous membrane is found reddened and the left tonsil swollen. Her temperature is 98½ . This is a very good history of tonsillitis. In some cases of tonsillitis we have a temperature of 104 or 105 and a high pulse, which, under ordinary circumstances, is indicative of serious trouble. A few years ago this woman suffered from diphtheria of a severe type, the muscles of the throat being paralyzed, the food passing out through the nostrils. She was some six months recovering. She imagines this to be diphtheria, but as we have no constitutional symptoms and an improvement in condition, we shall leave out diphtheria, and advise a gargle of chlorate of potash and hydrastis Canadensis.

[Reported for the MEDICAL AGE.]

Heart Clot—One of the Complications of Diphtheria.

BY PROF. J. M. DA COSTA, M. D., PHILADELPHIA, PA.

Patient a very healthy girl, æt. six, had a sharp attack of diphtheria about December 10, 1876. The membrane disappeared on the fifth or sixth day, but recurred 48 hours later, and she was much more ill than at first with very extensive formation of pseudo membrane. She was treated throughout with full doses of quinia, tincture ferri chloridi, potassium chlorate and solution of iron, and chlorate of potassa applied locally to the fauces. Again the membrane disappeared, also the swelling of the cervical glands, and the subcutaneous infiltration, which had been extreme, slowly subsided. She remained strength and was apparently beginning to convalesce early in the third week of the attack, when she was seized with vomiting. The urine was slightly albuminous; no microscopical examination was made. The vomiting was constant and resisted every effort of a most judicious kind for four days. I saw her with Dr. Yarrow on December 29th. It was agreed to stop all food by the mouth; to give injections of beef extract, with three grains of quinia and two drops of tincture of opium every four hours, and by mouth a powder of calomel, one third of a grain, soda bicarbonate two and a half grains, every three hours. A blister was applied to the epigastrium. She was then very restless, tossing from side to side; the pupils were dilated, surface very pale, extremities not cool, tongue slightly coated, dryish, epithelium rough and papillæ prominent. It was difficult to ascertain whether there was epigastric tenderness; it certainly did not seem to be intense. More minute examination was avoided for fear of producing vomiting. The next day she seemed better; had vomited only once in 24 hours, and had begun to retain a few drops at a time of milk and lime-water. The injections had all been retained. The tongue was a little less dry, but the child quiet and indisposed to talk. The pulse was small and weak, but not more so than seemed natural, considering the exhaustive character of the attack. The powders were now ordered to be given less frequently; injections also at longer intervals, and a little more nourishment with a few drops of brandy cautiously given by the mouth. December 31st, vomiting had entirely ceased; the child had retained teaspoonful doses of nourishment about every two hours; the injections had also been taken regularly and retained. The surface was pale and perhaps slightly cool, but this was not specially noticed; pulse small but regular, 85–90 in a minute. There was no valvular murmur; the sounds were faint but neither tumultuous nor confused. About twelve drops of tincture opii deodor. had been given in divided doses during 24 hours. The amount of nourishment by the mouth was increased. Full doses of quinia were continued by injections. Two or three hours after our consultation it was noticed that the child's feet became cold, and that this soon extended to the knees and arms. The child's appearance changed; she gave a sudden gasping effort and a motion as though to push the mother away, and died without further struggle. At a post mortem examination made on the following day, intense congestion of the liver was found with enlargement and a deep purplish color. The kidneys were also deeply congested, the secreting cells of the tubules being in a state of "cloudy swelling." The spleen was slightly enlarged from engorgement. There was no pleural or pericardial effusion. The lungs were pale, retracted and crepitant. The right cavities of the heart were enormously distended. The auricle contained much soft, dark, clotted blood. There was a firm white clot entangled in the tricuspid leaflets, and extending from there into the right ventricle, where it was very tightly attached to the muscular trabeculæ by delicate prolongations; was thence prolonged into the pulmonary artery, the calibre of which was, to a great extent, obstructed by a firm, white, ante mortem clot, which was moulded on the leaflets and closely attached to the walls. The left cavities of the heart contained less blood, but here also there was a large, firm, ante mortem clot obstructing the mitral orifice, partly filling the left ventricle and prolonged into the aorta. The muscular fibres from the heart were in advanced fatty degeneration, their transverse striation being in places completely obliterated. The contents of the stomach were only ingesta. Its mucous membrane was for the most part not much congested; but at one spot, near the middle of the greater curvature, there was intense congestion; otherwise the stomach was entirely normal. The occurrence of heart-clot is now known to be among the dangers in so many diseases that it demands careful study. It must be understood, of course, that I only refer to such clots as are formed in the heart some considerable time before death, and which play a principle part in causing death. It is well known that whenever the act of dying is protracted, heart clots are apt to be formed. But these have little or no pathological significance. The true ante-mortem heart-clot is distinguished by certain anatomical characters, which are unusually well illustrated in the above case. It is whitish, firm and tough; it is apt to be moulded on the inequalities of the inner surface of the heart and may be tightly attached by delicate prolongations passing around the muscular trabeculæ. The circumstances which favor the formation of such clots are quite various. Attempts have been made to explain their production, but none of the theories have been fully substantiated, or can be applied to all cases. Among the conditions which predispose may be mentioned: An excess of the fibrinous elements of the blood, roughness or vegetations of the leaflets of the valves of the heart, obstructions to the circulation of the blood, failure or momentary arrest of cardiac action, and the introduction of certain specific poisons into the blood. There are doubtless other conditions,

but these are the most prominent and often several of them are associated in a single case. Thus, in diphtheria there is a greater tendency to the production of corpuscular fibrinous exudations than in other zymotic diseases, and the blood contains a larger proportion of fibrinous element. There is also a marked tendency to degeneration of the cardiac muscular fibres with great enfeebling of its action; not rarely also there will be found slight evidences of endocarditis, in the form of minute, bead-like vegetations on the mitral leaflets. The latter were not found in the above case, but the degeneration of the muscular structure of the heart was marked. The tendency to heart-clot in diphtheria is, accordingly, so very strong that it must never be forgotten or lost sight of. This accident may occur at any stage of the disease, and not rarely, as in this case, it takes place after convalescence seems established. I have also known it to occur at an earlier stage in cases which were apparently doing perfectly well. The only special determining influence which I have suspected in such cases has been an undue amount of muscular effort. This, therefore, should be scrupulously avoided in all cases of diphtheria, for this as well as for other reasons. Although usually followed by death, it is important to be able to detect the occurrence of heart-clot, if possible. The symptoms which may be stated as indicative of this condition are anxiety and great dyspnœa, pallor of the face and coolness of extremities, small frequent pulse, and obscure, dull heart sounds, with occasionally a blowing murmur. It will be seen that the symptoms we have detected in the case here published were peculiarly obscure. I am inclined to regard the violent vomiting as one of the first results of the heart clot. The obstruction to the entrance of blood into the right cavities of the heart caused intense congestion of the liver and of the mucous membrane of the stomach. This would readily account for the obstinate vomiting, and careful examination of the stomach after death failed to reveal any other cause. It is true that there has been found, a few days before, a trace of albumen in the urine, and that the early stage of kidney disease, with close swelling of the epthelium existed, but these do not suffice to account for the sudden occurrence of such violent and uncontrolable vomiting, without any symptoms of anæmia. Considering the marked ante-mortem characters of the clots, it must be admitted that they had existed for several days before death, yet until half an hour before death no symptoms occured to call special attention to the heart. It is true that they may have been masked by the frequent vomiting and the slight opiate effect which was sustained. There was no extreme dyspnœa, however, and the pulse was regular and not very rapid. There was also nothing special about the heart sounds, which were observed to be merely faint. It is important, therefore, to note how insidious may be the formation of heart clot, and how closely we should be on our guard against it. When finally the clots attained such size as to seriously obstruct the orifices of the heart, and prevent the closure of the valves, very characteristic symptoms appeared, and were rapidly followed by death. The prognosis in cases of heart-clot is very grave, still in a few instances it cannot be doubted that the clot has gradually contracted and finally become attached to some part of the heart's cavity, where it has not interfered seriously with cardiac action, and thus life has been saved. In other cases it is possible that a small clot may have undergone gradual molecular disintegration, and have been distributed without occurrence of serious embolism. This fortunate termination cannot, however, be hoped for in any given case; and nearly always death follows in from a few hours to a few days. The most important part of the treatment is prophylactic, as the marked tendency to formation of heart-clot in diphtheria is probably connected with the special alteration of the blood, and there is no remedy known which will avert this dreadful accident. But there is little doubt that by judiciously sustaining the tone of cardiac action, and by carefully guarding against all muscular exertion, especially in the way of setting up or rising to the feet, a good deal may be done to lessen the danger of its occurrence. Should it become evident that the formation of heart-clot has taken place, the only treatment to be recommended still is active stimulation of the tone of the heart. The various remedies which have been advised, with the idea that the solution of the clot might be promoted, are useless. Ammonia is valuable, not in this latter way, but simply as a stimulant to respiration and circulation. Alcoholic stimuli and concentrated nourishment must be given as freely as seems called for by the prostration and the depression of circulation. I should place more reliance upon digitalis, freely administered than upon any other remedy. Absolute avoidance of muscular efforts must be insisted on, still, as before stated, it is only in very exceptional cases that death does not follow.

[Reported by Jno Chase M. D., Assistant Ophthalmic Surgeon to St. Mary's Hospital.]

Clinical Cases.

SERVICE OF EUGENE SMITH, M. D., PROFESSSOR OF OPHTHALMOLOGY AND OTOLOGY, DETROIT MEDICAL COLLEGE.

Case 1.—*Epithelial Cancer.*—Robt. C., æt. 50, Trenton. Mr. C. was brought to the Detroit College clinic by Dr. Carleton, of Trenton. Three years ago the patient first noticed a pimple on the inner side of the right upper lid. He suffered no discomfort from it; after a few months the pimple began to enlarge. The surrounding portion of lid became inflamed and soon an "eating sore" started up. His physicians had cauterized the spot with only tem-

porary relief each time. At this time, Jan. 4th, the excoriation extended from just above the inner third of the eyebrow down to, and involving the inner portion of the upper lid being about 1½ inch long, and ½ inch broad. The ulcer was discharging a small amount of yellowish fluid. The skin about the the ulcer was slightly thickened and congested. The ulceration was found to have extended through the skin alone, which explained the absence of pain. Extirpation was advised and performed by Dr. Smith in the presence of the class After subduing the hemorrhage, which was copious, the wound was closed by a sliding flap secured from the forehead, and held in place by sutures. The patient returned to St. Mary's Clinic, Jan. 14th, ten days after the operation. The lower end of the flap had failed to unite. The doctor in whose care he was placed had removed the stitches and the flap had slightly retracted. He had then been advised to use "some kind of an ointment and a poultice." The instructions had been faithfully followed and as a result the wound presented a pale, boggy surface, at the lower end. The upper two thirds had united. A stimulating ointment, of carbolic acid, 5 grains to the ounce of cosmoline, was ordered and the poultice discontinued. The patient returned four days later. The edges of the wound had now commenced to unite and the extreme lower end to heal by granulation. Simple cosmoline dressing was now ordered. When seen the following week, Mr. C., could open and close the eye perfectly; the wound was completely healed. About the middle of June, Mr. C. called at Dr. Smith's office bringing with him a photograph of himself by Millard, and a thank-offering of flowers and strawberries. It is almost impossible to see in the picture any trace of the operation. No distortion of the lid followed the operation, and the result may be taken as further evidence of the efficacy of the sliding flap in replacing lost tissue.

Case 2—*Epithelioma of Lid.*—Miss M., æt. 30. Patient came to St. Mary's December 17th, presenting a small tumor of lower lid of left eye. She had noticed a pimple on her lid for some months, but it had never pained her until recently. She thought it was growing slowly, and was anxious to have something done for it. The tumor was situated about ¼ inch from the edge of the lid, midway between the outer and inner canthus. It was about the size of a half pea, and was somewhat tender. The patient consented to immediate removal, which was performed by Dr. Smith. A rectangular piece of integument ½x¼ inch, including the tumor, was removed. After dissecting, the skin below the edges of the wound were drawn together and united by sutures. December 23d, wound closed save at the outer and lower angle, where it was discharging a small amount of pus. A probe was inserted and the opening found to extend across the entire length of the wound. Sulphate of zinc, 2 grs. to the ounce, was injected for a day or two, when the wound closed. The patient was discharged December 28th.

Case 3.—Geo. B., æt. 22, came to the college clinic in January, giving the following history: For some years he has been troubled with the tears running over on to his cheek and for several months past he had noticed that some matter could be squeezed out of his eye. About three months ago a tumor had commenced to grow by the side of his nose, and as it steadily increased in size he became alarmed and consulted a doctor (?) in this city, who diagnosed cancer and promised to cure him for $30, without using the knife. He had been under treatment for about two weeks and thought himself worse rather than better. He said that electricity and some kind of paste had been used. At the time of his appearance at the clinic the entire lower lid was swollen. At the inner angle this was so great as to nearly close the eye, of course obliterating the lower puncture. About ¼ inch from the inner angle and two lines from the edge of the lid was situated a large ulcer, which discharged pus freely. The patient said that it was at this spot the doctor used the paste, and that the ulcer was growing. Throughout the extent of the lower lid a hard formation could be felt, over the outer portion of which the skin glided freely. In the region of the ulcer this body was thick and firm. It tapered to a point near the outer angle. Considering the case as one of dacryo-cystitis with resulting perforation and infiltration of the neighboring tissue, which had been aggravated by irritants applied at the seat of perforation, the patient was advised to keep the parts clean and put on a poultice at night. The case began to improve at once. The lid became softer; the ulcer took on a healthy action, and the swelling was reduced in size. The patient having been told that a slight operation was advisable, preferred to return to the cancer doctor, as he had "paid in advance and was to be cured without the knife." The operation mentioned was the slitting up the canaliculus to allow free escape of pus from the lachrymal sack. The case was seen only once subsequently. The ulcer had enlarged and the lid was more swollen than when first seen.

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THE LAST ILLNESS OF GAMBETTA.—The short life of Gambetta will fill a large space in history, and the facts connected with his last illness have a peculiar interest from a scientific point of view. His case is a very instructive one, in view of which fact we take the liberty of reproducing in full a translation from the Union Médicale of the following interesting article:

"The wound caused on November 27th by the ball of a revolver, which, entering by the palmar surface of the hand, passed out at the dorsal surface of the forearm, was nearly healed by December 10th. On the 13th, after rather a full meal, M. Gambetta felt a somewhat severe pain in the left flank, which, after lasting about half an hour, gradually disappeared of itself. For several years past a similar pain had very often manifested itself about an hour after meals. M. Gambetta on these occasions placed his hand quickly on his right side, towards the region of the liver, and made some pressure there, after which the pain gradually went away. The frequent recurrence of this pain had to some extent imparted to him a gesture which became habitual to him, and which consisted in the application of the palm of the right hand to the right side of the abdomen. On this occasion the region remained painful for a longer time than usual. On the 16th, M. Gambetta received some friends, became fatigued, and remained somewhat late in his garden, feeling, as he said, so well in the open air. In the evening he was seized with shivering and fever, the temperature rising to 40 C., and the pain of the abdomen becoming severe. During the following days the symptoms of a perityphlitis manifested themselves, following the track of the ascending colon. Inflammation then spread to the wall of the abdomen and the iliac fossa, inducing gangrene, and death on December 31st. On different occasions during two years, the urine had been examined by Dr. Siredey, who believed his illustrious patient to be diabetic, but did not detect sugar. On December 18th, fifteen grammes per litre was found, but on this occasion alone, none being subsequently detected. Albumen, on the other hand was found at every examination. At the autopsy, performed forty eight hours after death, the putrefaction of the liver and kidneys prevented any exact examination being made Recent inflammation of the peritoneum was found, arising probably on the last day, in the vicinity of the ascending colon. A subperitoneal inflammation of the whole of the right hypochondrium existed, especially around the large intestines (pericolitis); and there were two large gangrenous patches in the wall of the abdomen, above the groin, and in the costo-iliac space. Old adhesions existed in the biliary vesicle, which was much thickened, and the angle of the colon, and between the appendix vermiformis and cæcum. Nowhere was there a collection of pus, but while detaching the peritoneum there accumulated about two spoonfuls at the peritoneo-parietal juncture. Finally, a more important lesion was an old contraction of the last five centimetres of the ilium and the ileo-cæcal valve—forming so narrow a stricture that the end of the little finger could not traverse it. This stricture was evidently the cause of the pain which came on after meals, at the time when the digested food was passing from the small into the large intestine. It was more violent during convalescence, because M. Gam-

betta, who had adhered to a somewhat rigorous diet during the cicatrisation of the wound, recurred too quickly to his habitual regimen. There then occurred a kind of intestinal obstruction, caused by the old stricture, which, not having been dilated by food during a fortnight, offered an obstacle to the passage of digested matters. The pain was more acute and of longer duration than it usually had been, because on this occasion the intestine underwent a sudden dilatation. What took place then? Perhaps a contraction of the adjoiniug intestine; perhaps a slight laceration, which became the point of departure of the phlegmon found to exist on the following days. The respiratory organs were sound. The brain, the convolutions of which were most distinct, only weighed 1160 grammes, which is the weight of a small ordinary brain; but it is the opinion of the savants of highest authority, that the development of the intellectual powers is not in absolute relation to the weight of the brain. No one will deny that those of M. Gambetta were most remarkable. The case, then, may be summed up thus: A seton-like wound of the hand and forearm, which was healed by December 10th; intestinal obstruction on the 13th, which probably induced the phlegmon in the vicinity of an old stricture of the intestinal—a phlegmon which, occurring in an obese, albuminuric, and perhaps diabetic subject, became diffuse, gangrenous, and fatal. It has been said that M. Gambetta was syphilitic; that is possible, but no trace of the diathesis was found either during his last malady or after his death. The conduct of the surgeons in attendance, who maintained an almost absolute expectation, has been variously criticised. The opinion of other bolder surgeons has been brought forward, who would not have hesitated to have sought for pus, cost what it might. But looking at the constitutional condition of the patient as regards obesity, albuminuria, etc., we have every reason to believe that those who would have been enterprising enough to cut for pus, which nowhere existed as a collection, would have exposed themselves to the risk of making (to employ the happy expression of one of the consultants) an autopsy on the living."

The American Academy of Medicine.—The annual address of the president of this association, Dr. Trail Green, of Easton, Pa., has been received. We have read it, as we have the addresses of the previous presidents, since the organization of the society in 1876, and have laid it away with the same feeling of disappointment. The American Academy of Medicine, it may be remembered, is an association, an essential qualification for membership in which is the degree of M. A., or B. A., secured through examination after regular attendance on the curriculum of a reputable college. It was organized in the interest of the cause of a higher medical education, and the burden of the presidential addresses thus far has been the declaration that such education presupposes an advanced standard of literary attainment in the part of those entering upon the study of medicine. The growth of its membership has, we are informed, been rapid, and it now has enrolled M. D.'s of the nation, with M. A. and B. A. attachments, to the number of several hundred.

We are enthusiastically in favor of the end this association was organized to promote. The man who has entered upon the study of medicine without a previous thorough literary training, will always labor under a load which he will find it irksome to bear. While in a few notable instances it has acted as a stimulus, in the great majority of cases this load is an incubus. There is a grade of mental fibre which readily takes on vicarious function, as it were. In such cases repression in one direction stimulates development elsewhere, and it is barely possible that if Hunter and Dupuytren had been M. A.'s, they would have found in letters attractions which would have weaned them from science. Doubtless, too, we have members of the contemporary profession in whom natural powers have been stimulated rather than repressed by lack of intimacy with the contributions of others. But cases of this kind are isolated and to adduce them, as has been done by a medical teacher in this state, as argument against a thorough literary or classical training as a prerequisite to the study of medicine, savors too strongly of special pleading.

The American Academy of Medicine, we repeat, has our endorsement in so far as concerns its insistence on the necessity of sound preparatory training in the medical student, and we especially commend that feature of its organic law which repudiates such "M. A.'s" (often literary ignoramuses and boors), as seek to further inflate their obnoxious egotism by the attachment to their names of degrees secured by direct purchase, and without even the pretence of an examination, from some of the cross-roads religious "colleges" which abound. We have such M. A.'s in our midst, and the fraudulent attachment never fails to accompaniment their signatures, whether on hotel register, newspaper note, or the most insignificant announcement. We respect the "M. A." when its stands for its legitimate signification, but when it is utilized to inflate egotism, it becomes a stench in the nostrils of honest men.

While, however, we thus endorse the Academy, we are constrained to remark that it is high time that it give forth some proof of the correctness of its declaration that the qualifications implied by the degree of M. A. prepare for superior medical work. It is now in the seventh year of its existence, but where is the evidence that it is superior, in a strictly medical sense, to medical societies which do not make the M. A. a condition of membership? It gave us to hope great things of it, but the hope deferred commenceth to make the heart sick. What valuable paper or contribution has been evolved from its mass of brain so thoroughly trained? Wherein do such proceedings as it has published differ from proceedings issued by societies

of less pretentions? We have failed to discover any peculiarly M. A. element in any of them, yea even though we have scanned them with an eye especially set for discovery. We endorse every one of the platitudes of the president's address, even to his copious extracts from remarks by men whose names were never written with the M. A. affix, but after all we are constrained to exclaim *cui bono.*

Argument to Compel the Medical Profession to Work for Nothing.—O. W. Wight, A. M., M. D, attorney at law, in a paper read before the American Public Health Association, at Indianapolis, uses a unique argument to show why medical men should be compelled by the police power of the state to make death certificates and notifications of diseases dangerous to the public health without compensation. He says: "Medical men who legitimately belong to the profession, frequently petition legislatures to guard their ranks against the invasion of quacks, and should not rebel against the sovereignty whose protection they invoke." This is, to us, a novel way to look at the matter. We have been interested in medical bills ever since we were admitted to the profession, and have discussed them with many men who, we supposed, were legitimate members of the profession; but we have never known and do not believe any petition was ever presented in this or any other state, asking that the *profession* be protected against quackery. No medical man who has given decent or respectful attention to a bill to regulate the practice of medicine has thought such a bill was to protect him from the pecuniary encroachments of quackery. Such bills and all petitions bearing thereon have had for motive force, the desire common among respectable medical men to protect the public against the dangers of employing vicious and ignorant men as medical advisers. All bills that have failed to become law have been defeated because of an assumption of the very reason for which Dr. Wight would have us believe their passage was asked.

The opposition which has led to the defeat of proposed laws regulating the practice of medicine in Michigan has succeeded only after raising the hue and cry of "class legislation." It has told the public that the doctors want a law to shut out competition, to create a trades-union by which they can increase the price of medical services and build up a rich and grasping monopoly. And a gentleman who figures before the profession as a doctor, a lawyer and a health authority commits the irremediable blunder of repeating such arguments before a body of medical men who have grown old enough and rich enough in the practice of medicine to know that it is the public and not the profession which needs to be guarded against the invasion by quackery. We would ask the gentleman if, when health authority of the beautiful city of Milwaukee, he went before the legislature of Wisconsin and asked for a law to protect the legitimate members of the medical profession. We understand that he got an "iron-clad law" passed in that state, but, will wager that he got no signatures to a petition which invoked the protection of the "sovereignty" for the medical profession.

We are not lawyers, nor care we a fig about politics but we are willing to believe that legislative bodies possess common sense—have ordinary skill in the management of ordinary affairs. Physicians have petitioned state legislatures to protect the people from being crippled and murdered by ignorant medical pretenders, because the nature of their calling and education give them special knowledge of the dangers which come from trusting life and limb in the hands of persons not trained for such work, just as by skill and knowledge, which the people generally do not possess, they are able to recognize a case of diphtheria, scarlatina, small-pox, cholera or yellow fever. It is singular that one who carries the responsibility of epidemics of these diseases, who conducts the most expensive department of municipal government, should resort to the arguments of the demagogue and charlatan to avoid decent recognition of practitioners in remuneration for the notifications of dangerous diseases which they alone can give. The sure pay, short hours and leisurely tastes of the professional sanitarian would exist briefly if the great rank and file of medical men should forget the differential diagnosis of the exanthemata.

Antiseptic Treatment of Typhoid Fever.—The following extract from a paper by Dr. D. W. C. Wade, of Holly, Michigan, read before the Michigan State Society, has especial interest for us when read in connection with the notice in our last of the specific treatment of typhoid fever as conducted by Dr. Wilson, of Philadelphia, in the Jefferson Medical College Hospital. Dr. Wade's paper was read at the meeting on May 11, 1882:

A disease having for its pathology, inflammation and ulceration of Peyer's patches, caused by a specific poison, having, perhaps, a similar action upon no other part of the body, and generally complicated by septic infection. This definition is mine. The constitutional symptoms are those of septicæmia, and they never occur without facilities for septic infection. Were these ulcerated glands within easy reach, with our present knowledge of antiseptics, typhoid fever would be rendered of little consequence. Both the organism that preys upon this portion of the intestine, and the ingress of putrescent fluid, could be readily controlled but for the inaccessible location of the disease. In this affection it would appear that the blood poisoning occurs by the more or less continuous travel to the circulation, of small colonies of bacteria. The symptoms indicate this, and the local facilities for infection appear to substantiate this proposition. The treatment for the constitutional condition is precisely that for septic infection as heretofore described. Death is largely the result of the blood poisoning, but sometimes is caused directly by the

local lesion. There should be two aims in the local treatment: one to destroy or modify the action upon the glandular intestinal tissue, and the other to arrest the putrefaction and thus cut off the supply of septic infection. This cannot be accomplished by way of the rectum, and it cannot be accomplished by way of the circulation, and I am not prepared to say that in the present state of knowledge it can always be satisfactorily done in any way, but I will call attention to the only reasonable plan to adopt, and that is to attempt to prevent putrefaction within the alimentary canal. Antiseptics that are readily absorbed can do but little good. If frequently repeated, they can prevent the fermentative change commencing in the stomach, but to keep the contents of the bowel sweet, an antiseptic must be chosen that is less soluble, or if possible be so combined as to prevent absorption before the ulcerated surface is reached. It is not necessary that the agent designed to prevent fermentation should be as active as one that must destroy bacteria, for there is a wide difference in the power required. It may be easier to prevent fermentation of the intestinal contents, and the albuminous fluid of the ulcers, than it is to kill the fully developed typhoid poison that produced the ulcers, but it is quite probable that if the latter poison should remain undisturbed, and septic fermentation could be controlled, the ulceration would be much less formidable. In the list of those agents that appear to be capable of being carried down the intestinal tract before being entirely absorbed, are emulsions that may contain an antiseptic, for instance, turpentine, salicylic acid, sulphite of magnesium, thymol, iodoform. Constipation so as to cause detention in the upper part of the bowel, of the antiseptic should not be allowed. No other theory, it appears to me, can be more reasonable than that I have given of the pathology and treatment of typhoid fever. From all the information I can gain, the nearer this treatment has been approached, the greater the percentage of recoveries.

Koch versus Pasteur.—It will be remembered that at the meeting of the Geneva Congress Pasteur took occasion to severely criticize and even to somewhat violently assail Koch and his theories. The language employed was so intemperate and so exceeded the bounds of courtesy that the German declined to reply at the time. He has, however, not permitted the charges of the Frenchman to pass unrefuted, but in an exhaustive article in the Deutsche Medicinische Zeitschrift he not only defends his own views but counters on Pasteur with telling effect. He follows his experiments step by step, points out their inaccuracies and shows them to be lacking in scientific character. He avers that it has never been proven that all infectious diseases are due to the entrance into the system of parasitic microorganisms, and maintains that it is unscientific to infer this cause in every instance, as Pasteur does, from its existence in one class of cases. To justify the hypothesis that a disease is due to a microbe, the microbe must be separated and freed from all other matter. Pasteur does not do this in every instance. In his experiments in hydrophobia, for example, he employs the saliva of the dead dog; in typhoid fever of the horse he employs the nasal secretion of the dead animal, without in either case stopping to isolate the hypothetical microbe from such matter (ptomaines) as is generated in an animal dead from any cause. His results are further questioned because his experiments were performed on other animals than those from which the virus employed was obtained. It is necessary, for instance, in order to have correctness in the experiment of inoculating a rabbit with the virus from a horse dead with typhoid fever to first determine the fact that a rabbit is susceptible to typhoid fever, that is, whether it is liable to occur in it spontaneously, and if so, to clearly define its symptoms. Pasteur is not a physician, and is, therefore, not qualified to distinguish between typhoid fever proper and the septicæmia which may be produced in an animal by the introduction of any septic matter. He, moreover, has kept the methods which have led to his alleged discoveries a profound secret, and in so doing merits the severe criticism of Koch on this point. By so doing he has, for one thing, prevented a verification of his conclusion by others.

Koch furthermore disputes Pasteur's claim to priority in the discovery of the virus of milzbrand (charbon), claiming that his publication on the etiology of the disease was first made in 1876, while Pasteur's did not appear until a year later. Pasteur having alleged that the spores of the milzbrand are brought to the surface, in the case of animals which have died of the disease and been buried, by rain-worms, Koch shows that in Siberia, where charbon has caused great ravages, the rain-worm is unknown.

Koch maintains that in his experiments through which he has demonstrated the existence of a tubercle bacillus to the entrance of which into the system consumption is due, the errors which are so palpable in Pasteur's investigations, have been scrupulously guarded against and avoided. The presence of bacilli was first determined, the organisms were isolated by cultivation, and then a number of different animals which were known to be susceptible to the disease were inoculated. The result was that in every instance distinct tuberculosis was produced.

Koch's paper is on the whole a caustic arraignment of Pasteur, and will have effect of throwing grave doubts on the validity of some of the discoveries of the Frenchman.

The Regulation of Plumbing.—The reasons which we referred to in our last issue, and to the list of which many others might be added, make the matter of plumbing one of such serious concern as to demand the thoughtful attention of the conservators of public health, or at least of those whose official positions impose on them this high trust. It is one of the anomalies of sanitation as it is con-

ducted by local boards of health, that the evils of defective plumbing and sewerage, the most fruitful source of, and medium for perpetuating disease receive practically no attention. The ancient formula has it that our health and lives are in the hands of Providence. We would not assume to controvert this pious sentiment, but as Providence works through agencies we are forced to the conclusion that in many instances these important matters have been committed to the hands of the plumber. An intelligent, scientific and conscientious plumber is an agency for which we have the profoundest respect, and in which we are disposed to repose a very considerable degree of confidence. Unfortunately, however, in the absence of proper restrictions placed on the agent he is extremely prone to err, as is humane, and his errors may be either of the head or the heart, most frequently the latter. It is one of his faults that he will contract to attend to the plumbing and the sewer connection of a house at figures which compel him to substitute for the requisite skill and material in a good job, and one which will ensure immunity from the dangers pointed out in our last, in order that he may secure a profit which shall stand in lieu of the hire of which the laborer is worthy. It is true the cupidity of the builder too often forces him to thus cut on prices, with this damaging result, and he is thus partially exonerated. But between the upper millstone of the builder's cupidity and the nether millstone of the average plumber's lack of knowledge of the principles of scientific plumbing, the long suffering people have the sparks of health and vitality ground out.

Is there any remedy against the evils from which we thus suffer? There is, and it is in the power of municipalities to supply it. The plumber should be a man of scientific parts and well versed in a knowledge of the means to the effectual accomplishment of the prevention of the entrance into our habitations of noisome gases and effluvia. Every city should have a plumbing inspector competent to pass upon the quality of the work performed, and whose certificate of proper quality should be required by every householder. It is the most important question which can be asked in the interests of a family, whether the plumbing and drainage of the dwelling are in proper condition. We have our gas inspectors, and our paving inspectors, and inspectors of many other things, but the weightier matter of plumbing is regulated by no provision whatever. With a proper system of inspection conjoined with the free ventilation of sewers the amount of sickness and mortality would be very materially reduced. We submit that if our boards of health were to pay more attention to matters of this nature than to the compulsory notification (without remuneration) of disease and certificates of death they would much more effectually subserve public interests.

German Medical Critics.—No one will dispute the ability of the German medical profession or deny that in some of the branches of medicine it leads all others. It is to be regretted that this ability has in so many instances begotten a spirit of superciliousness. We have noted this spirit in the German graduates who have settled in this country. Your German graduate has nothing but contempt for the American physician, and there is nothing good which does not bear the imprint of Deutschland. It is somewhat strange, however, that the transcendent ability which these gentlmen bring with them does not bring forth better fruit and more of it. Your German graduate is, with very rare exceptions, a failure in practice in this country, where he is brought in competition with home-made doctors. Perhaps his very superciliousness has much to do with this failure.

This same spirit has recently been manifested abroad. Esmarch indulged in a most rabid criticism of the treatment of the late President Garfield, and now comes one Dr. Neumeyer, of Berlin, who is not less severe in his criticism of the treatment of Gambetta. The British Medical Journal in referring to these recent criticisms, makes the following well-timed comment:

If Dr. Neumeyer, of Berlin, be indeed reponsible for the utterances which are ascribed to him in the daily press, on the subject of the treatment of M. Gambetta, those observations are greatly to be regretted on his own accouut and for the sake of the reputatiou of the profession in Germany. In this country, a more careful adherence to fairness and courtesy is generally displayed, aud always expected. It was impossible that at the time he spoke he should be at all accurately acquainted either with the details of the actual circumstauces of the present illness, or with the previous constitutional conditions and life history of the patient. He is alleged to have "ascribed the decease of M. Gambetta, like that of President Garfield, to the incompeteuey of the attendant doctors." The rash attack which was made by an eminent German surgeon upon the surgeons and attendants upon President Garfield, did nothing to raise the opinion of the profession throughout the world, either as to the skill or the judicial capacity of the critic. Nothing could be more shallow or more unjust than were those criticisms, unless it be those observations now attributed to Dr. Neumeyer. Even where all the facts of all the conditions are presumably well known, it is eminently unsafe for a critic at a distance to sit in judgment on the professional advisers of any public man, and to censure them for not taking steps which might, in the opinion of their critic, seem advantageous. In a case such as this, where the information was imperfect, and the criticisms are obviously shallow, and based on the most incorrect data, they are especially to be deplored. With the utmost ill-will it would be difficult to find fault with the accomplished and able body of consultants who sought to save M. Gambetta from the fatal issue of his formidable disease. The details of the post mortem examination, and the past clinical history of the patient,

have amply justified every step that was taken; and however much and greatly France has to deplore the loss of her illustrious son, there is at least nothing to regret in respect of the skill and the professional care with which he was attended during his last fatal illness.

NOURISHING THE SICK BY ENEMATA.—There is still some dispute concerning the physiological process by which nutrient enemata are absorbed, says Dr. Charles L. Dana, of New York, in the Medical Record, but there is no issue of fact in the matter. It has long since been decided that the life of the sick may be maintained and prolonged by rectal feeding alone. Physiologists, however, are not satisfied with the fact merely; they must demonstrate the causes leading to the fact. Dr. Dana deals with the physiological aspects of rectal feeding as follows:

First, that the food is digested by ferments which have descended from the upper part of the alimentary tract; second, that the food is carried back by retrostalsis; third, that it is digested by a local process. He quotes Dr. Henry F. Campbell, of Georgia, as the advocate of the theory of retrostalsis or reversed peristaltic action which carries the injected food into the small intestines where it meets with some of the digestive secretions, and says great plausibility has been given to the theory of retrostalsis by the experiments of Prof. Hal C. Wyman, of Detroit. In further support of this theory are clinical facts which show that enemata may pass into the small intestine and even reach the stomach and be vomited. Dr. Dana has repeated and verified the points established by Professor Wyman's experiments and deduces from them the following conclusions:

First.—That large injections, forced in, may cause a retrostalsis which will carry the mass by the ileo-cæcal valve and even into the stomach.

Second.—That ordinary nutrient injections of two, three or four ounces pass back some distance, and may reach the ileo-cæcal valve, but do not go further.

Third.—That the injection is carried back much better when the lowel bowel is empty, or comparatively so.

Dr. Dana inclines to the opinion that the process of absorption is local, *i. e.*, confined mainly to the large intestine. The colon is quite vascular, has a large supply of lymphatics which appear to be able to accomplish the absorption of milk, albumen, or acid meat. It is not an excreting organ, as stated by Dr. D. W. Bliss in his pamphlet on rectal feeding in the case of the late President Garfield. Its function is to absorb, and in some animals it has a powerful digestive function. It is not necessary that albumens be made perfect peptones before they can diffuse into the lymphatics and blood vessels.

Fats cannot be absorbed from rectum or colon, in sufficient quantity to be of any avail in sustaining the sick. Starches may be changed to glucose before they are introduced. Dr. Dana's clinical experience convince him that injections of milk and beef tea, especially the former, are nearly as effective as the peptonized preparations. He is unable to convince himself that there is any magic in the peptone preparations or that they are absorbed more readily than carefully prepared and finely divided meat preparations.

THE LABORER WORTHY HIS HIRE.—The Board of Health of this city, having been worsted in its attempt before the courts, to compel a physician to file a death certificate, has prepared and is devoting its energies to pass through the legislature now in session, a bill embodying amendments to the city charter, which are intended to close up any loop-hole in that instrument through which recalcitrants may slip. Our worthy health officer adds to his medical qualifications for his office a knowledge of the law, being indeed also an attorney at law. His combined medical knowledge and legal acumen have therefore, doubtless, succeeded in drafting such a bill as will bind the passive doctors, who are so unfortunate as not to be also legal luminaries, hand and foot. Such at least is the fear of the local profession and the fear is aggravated by uncertainty, for the Board of Health, doubtless not wishing to be embarrassed by the meddlesomeness of the doctors, has vouchsafed not the faintest inkling of the portentous bill which is to have such an important bearing on our practitioners. This much has, however, leaked out: the bill while compelling conformity to the behests of the Board makes no provision for remunerating the services which it compels.

In view of the above feature of the bill the local profession has entered its formal protest—the inalienable right of an American citizen. This protest has received the signatures of the almost unanimous profession, regardless of isms. At a meeting of the Wayne County Medical Society held on the 15th inst., it was supplemented by the following resolutions which were unanimously adopted by that representative body:

"*Resolved*, That the Wayne County Medical Society protests against the passage of any law extending the powers of the Detroit Board of Health, by which physicians shall be required to render services in connection with death certificates, or notices of contagious diseases without recognition of the right of compensation for such services, believing that such unpaid compulsory service is subversive of constitutional and individual rights.

Resolved, That is forcing the said bill before the Legislature, without previously laying before the physicians of this city the contents and import thereof, the Detroit Board of Health has been guilty of an arbitrary and unjustifiable procedure."

Of the objectionable features of the bill as thus succinctly set forth, that referring to the question of compensation for the services which it aims to compel, is very important. It was one of Mr. Herbert Spencer's recent criticisms of the American people, that being so thoroughly engrossed with their more immediate individual affairs, they allow evils

of very insidious origin and growth to fasten themselves upon them. We are glad to see that the profession of this city does not propose to allow its rights to be legislated away in the present instance without emphatic protest. The compulsory service to which no compensation is attached is monstrous, and truly "subversive of constitutional and individual rights." It required the shedding of rivers of blood, and the expenditure of billions of treasure to remove the foul blot from the nation's escutcheon, and shall an intelligent profession ere the lapse of two decades tamely submit to a enactment of a measure embodying the same tyrannic principle in this heaven-favored commonwealth? Forbid it liberty! Forbid it justice! Forbid it common sense!

Herpetic Tonsillitis and Diphtheria.—Professor William Pepper, in a clinical lecture delivered at the Hospital of the University of Pennsylvania (Medical Times) discusses the relations of herpetic tonsillitis (diphtheritic sore throat, so-called) to diphtheria A number of times in his own life he has contracted this affection after exposure to diphtheria —the tonsils becoming enlarged and presenting a number of white spots, while there was swelling of the glands along the neck and intense constitutional depression. He wishes especially to impress the fact of the difficulty of determining where we are to draw the line between this local affection of the throat and true diphtheria. In certain individuals an attack apparently of simple catarrhal character, unassociated with any septic influence, will be attended by a true membranous exudation, rendering it impossible by mere observation to distinguish the condition from true diphtheritic sore throat. In such cases the tendency to absorption of some irritating matter is shown by the enlargement of the glands, by the prostration and the marked constitutional disturbance. In some persons, moreover, there exists a liability to the absorption of infectious matter from a catarrhal inflammation associated with membranous exudation, thus producing a secondary poisoning of the system and giving rise to true diphtheria.

He refers to Wood's and Formad's deduction from their experiments, to the effect that diphtheria is first a local disease and that the constitutional symptoms are due to the entrance of bacilli into the blood and tissue, and gives it as very strongly his own opinion that there exists in the subjects of diphtheria a special vulnerability as exhibited in a peculiar vital susceptibility to the infectious matters, or in an actual anatomical peculiarity which allows them to pass into the system, gaining there a foothold and developing some secondary process. He does not, however, commit himself to the exclusively local origin of the disease, but admits the possibility of the direct entrance into the blood of the bacilli, which may cause their peculiar change before revealing themselves in the local lesion. The inference is that when there does not exist a peculiar vulnerability the bacilli do not find their way into the blood and the disease remains local.

Dr. Pepper believes, in view of the above, in the vigorous treatment of herpetic tonsillitis. He applies counter-irritants in the shape of iodine, touches the tonsils and throat every two hours with a mixture of equal parts of muriate tincture of iron and water, gargles freely with a saturated solution of chlorate of potassium and gives four grains of quinine every four hours. As soon as fever is reduced he gives iron, quinine and the chlorate of potassium internally. Aconite may be given in drop doses every two hours until six doses are taken, during the fever.

We would add our testimony to the true diphtheritic nature of these cases of herpetic tonsillitis. We have under observation at the present time, a case of paralysis occurring as a sequel to such a case.

Manganese in Anæmia and Amenorrhœa.—Drs. Ringer and Murrell report in the Lancet of 6th ult., the result of experiments conducted with a view to establishing the value of the permanganate of potassium in amenorrhœa, due, of course, to other than organic causes or pregnancy. Their conclusion is that in this salt they have discovered a very excellent emmenagogue. Their most striking results have been observed in young women between the ages of eighteen and twenty-five, who from some accidental cause, such as catching cold or getting wet, have missed once or twice after having been regular. They attribute this property of the salt to its manganese constituent rather than to the potash, other combinations of manganese having proven equally valuable. The dose as given was from one to two grains three or four times a day. Its emmenagogue property seems to be independent of any effect it has on the blood, it acting equally well in suppression occurring in anæmic and plethoric subjects.

In the Lancet for 27th ult., Dr. Broadbent is reminded by Drs. Ringer and Murrell's experiments of a series of observations made by him in 1867, with the object of determining the relative merits of manganese, nickel and zinc in anæmia. His experiments were primarily undertaken to test a hypothesis and the starting point was founded on the two postulates: (1) That there must be some relation between the substance administered and the organism on which the effects produced depend; (2) that so far as the substance is concerned, the basis of this relation can only be its chemical properties, using this term in its widest sense. The conclusion arising out of these, which constituted the hypothesis to be examined, was: (3) That substances closely allied chemically must have their analogous action in the system, or the diversity of their operation should be capable of explanation on chemical principles. In other words, chemical groups ought to form therapeutical groups. No fact in therapeutics is more definitely established than that iron cures anæmia and chlorosis, and this

metal stands in the center of a group closely allied in chemical properties, which have to it certain well-defined relations. In his experiments the metals were administered in the form of chlorides. Manganese and nickel cured anæmia as promptly as iron could have done, but zinc failed. In using these metals as accessories to iron, manganese seemed to have a special influence in promoting the return of the catamenia, and nickel a special property of checking leucorrhœa.

Dr. Broadbent regards the experiments of Ringer and Murrell as extremely important as tending to the establishment of a coördination of therapeutics with chemistry, and as promoting a scientific basis for medicine.

THE CONTAGIOUSNESS OF TUBERCULOSIS.—Without attempting a review of the evidence which has been adduced in this moot question, we think we are fully justified in declaring that consumption is a contagious disease. It is, of course, not as distinctively so as certain of the exanthemata, and doubtless requires a soil either naturally adapted or prepared by certain influences, for the propagation of the bacillus. The British Medical Association has just instituted a series of exhaustive inquiries looking to the collection of evidence bearing on the question, and we shall probably be favored with a comprehensive report at the next annual meeting of that body. In the meantime the experiments of Koch, supplemented as they have been by those of other microscopists, may be accepted as satisfactorily conclusive of the existence of a bacillus, which introduced into the system causes tuberculosis and tuberculosis only.

A series of experiments communicated by M. Vallin to the Academie de Medicine are calculated to establish the fact that the tubercle bacillus may be disinfected and rendered innocuous. Tissue taken from a man who had died of phthisis was introduced into the peritoneal cavity of a rabbit. No inflammation followed, but at the end of a few weeks the animal began to lose flesh and and in the fourth month it died. The liver, spleen and lungs were found to be full of granulations and gray masses, which was in turn transmissible by inoculation. An infusion of caseous fragments of the organs was made, and a sheet of filtering paper was saturated with the liquid and allowed to dry. It was then cut up in strips of the same width, each of which would yield, to a small quantity of water, a similar dose of the virus. Inoculation of this was demonstrated to produce tubercle with a certainty. Some strips of the paper were exposed to the action of various disinfectants. In a chamber of 50 cubic metres in area, strips were exposed to the fumes of sulphur for twenty-four hours. It was found to be necessary to burn twenty grammes of sulphur in this space to render the virus innocuous. When less than this amount was burnt the animals into which the infusion of the strip was injected usually died of tuberculosis. Boiling water and a solution of corrosive sublimate, one in a thousand, were found to be also destructive of the virus. The necessity of frequent fumigation of apartments containing tuberculous patients is thus suggested.

THE BREAKING STRAIN OF THE UMBILICAL CORD.—Dr. Neville in a paper read before the Academy of Medicine in Ireland (Medical Press and Circular) give the result of 125 experiments performed by him with a view to ascertaining the amount of traction the funis would bear:

In 100 cords from which the blood had been allowed in great part to escape before subjecting them to strain, the average tensile strength amounted to 12·5 lbs.; one cord bore a strain of 27 lbs.; nine cords a strain varying from 20 to 25 lbs.; eighteen of from 15 to 20 lbs.; forty-eight of from 10 to 15 lbs.; twenty-three of from 5 to 10 lbs.; and one of less than 5 lbs. In the case of 25 cords tested without allowing any escape of the blood contained in them, the average breaking strain was found to be very little over 11 lbs., or nearly one and a half pounds less than in the other case. The cords belonging to male were found to have an average strength of 1·5 more than those of female children; multiparity made no appreciable difference in strength. The strain was always gradually increased until the cord broke; and rupture was most commonly found to be first marked on the outer aspect of the cord where an umbilical vein projected in a varicose manner. Thin, straight, and wiry cords, possessing a comparatively small amount of Whartonian jelly, and whose surfaces were least marked by varicose projections, habitually bore the greatest strains. The rather scanty literature on the subject was summarized; especially a paper by Pfannkuch (A. f. G. Band. VII., Heft. 1), who studied the effects of a sudden strain caused by the falling of the child's body, if delivered when the woman was in the upright position. Dr. Neville considered the question of a gradual drag as affecting inversion of the uterus. Assuming as conditions a strong funis abutting at or near the centre of the fundus on a firmly adherent placenta, and a flaccid pliable uterus wanting in contraction and retraction, he thought improper tractions on the cord very likely to terminate in inversion. Inversion is a rare accident, because these conditions are rarely met with in combination, and because real fundal attachment of the placenta is prticularly uncommon, notwithstanding text-book statements to the contrary.

THE DETROIT BOARD OF HEALTH.—It would be to us a source of exceeding regret if anything which we have written relating to this body or bearing on its secretary, the Health Officer, should be construed into an expression of antagonism against either the individual or the whole. The pen with which our criticisms are written is not dipped in gall, nor is the spirit which guides it one of bitterness. We do not sympathize, furthermore, with the sentiment, which

is freely expressed, that our board of health is responsible for the spread of the contagion, which its strenuous efforts are directed to limit. A board of health is an essential department in a city government, and we have the greatest respect for the gentlemen comprising our local board. But the friendship which blinds to faults and condones offences is not genuine.

Our respect for our board of health forbids the belief that the gentlemen comprising it, lay any claims to infallibility, or that they regard their methods as susceptible of no improvement.

A board of health to be effective must not antagonize the medical profession. Not only must it not antagonize it but it must be in active and harmonious concert with it. The Detroit Board of Health lacks this element of success. It is not as popular with the local profession as it might be. It has assumed a lofty and mandatory spirit in its dealings with the profession and it is not strange that there has not been a ready and cheerful compliance with its behests. Its policy has savored of the star-chamber, and in this regard it has not been wise. In matters which immediately concern a man it is but natural that he desires to be consulted, and when a course in the choice of which he has had no voice is selected for him to walk in, there is an element in his perverse nature which constrains him to cut across lots. When he is forced by the majesty of statutes, and the eagle-eye of a brass-buttoned minion, to walk therein, he does it with the grace and celerity of the boy who has to be whipt to get him to school. Whether this be a correct spirit or no, is a question which is not now up for discussion. Suffice it to say it is a fact in the make-up of men as we run across them in every-day-life, and it is a fact to which our board of health has too persistently closed its eyes.

New York and the Code.—The New York State Medical Society met at Albany on the 6th inst. It was a meeting to which the profession of the whole country looked forward with unwonted interest, for at it was to be decided the question whether New York was to persist in her waywardness or return to her place under the wing of the American Medical Association, whence she had a year ago withdrawn, or, rather, whence she had by her own act been expelled. It will be remembered that certain members of the society claimed the privilege of rendering their services to the sick regardless of ethical restrictions, claiming that the succor of humanity is the higher law, a law which is the more intimately interwoven in his being as man rises in the scale. They passed a resolution at the last year's meeting in which this sentiment was embodied, and the delegates from the society went to the St. Paul meeting of the American Association and took their seats as in former years. But when they presented their credentials they had them promptly and without ceremony or discussion returned, and, metaphorically speaking, the delegates were knocked down and dragged out. It was announced that a motion to rescind the objectionable resolution, objectionable to the national body at least, would be introduced at this year's meeting of the state society, and the opposing forces vied with each other in drumming up votes for their respective sides. The meeting is said to have been the largest in the history of the society, and the motion to rescind was lost by a vote of 105 to 99.

New York is thus given over to her idols, and will henceforward go it alone. It cannot but be otherwise than unfortunate for the profession that this great state has severed her connection with the great body of the profession. It is a spirit of tyranny which says only, "let her go, we can get alone without her." Will this declaration of independence on the part of New York be supported by other states which feel that they have outgrown the ethical garment which was woven for them forty years ago? Is the Code of Ethics of the American Medical Association a perfect instrument and like the laws of the Medes and Persians, brooks no change? These are timely questions.

Medical Delusions.—That the man who continually boasts of the size of his clientele is a lineal descendant of George Washington, of hatchet and cherry tree fame.

That the 110 medical colleges of this country are all necessary to the advancement of medicine as a science, and that the cause of medical education would suffer if seventy-five (75) per cent. of the number were to retire on laurels won.

That the great majority of the medical journals in this country were not established to fill "a long felt want," and that the want was felt to an alarming degree beyond the desire of the editors.

That the medical journal that fearlessly does its duty will not occasionally tread on tender corns, and that the journalist who refrains from speaking for fear of giving offense has not mistaken his vocation.

That it would not have better for the American Medical Association to have said to the New York Medical Society, "Come let us reason together" before summarily disciplining it.

That the physician who gets his living and perhaps amasses riches from his profession and contributes nothing to advance its interests, is an ornament to it.

That the physician who emulates the snail by retiring into his shell, instead of holding free communion with his brethren, is doing the best thing to promote his own happiness or usefulness.

That the highest ambition of the medical man is either fame or wealth, and that the consciousness of duty well done is not worth more than both combined.

That indiscriminate gratuitous medical advice and medicine, either by an individual or an institution, are promotive of the general interests of the profession.

That if college dispensaries strictly observed the rule of giving aid to none but the indigent sick, their cliniques would be less profitable, and that large cliniques are the most valuable to students.

That a medical college which does not discriminate in the objects of its benefactions is an advantage to the city in which it exists, or to the physicians of such city.

That the success of a medical journal is entirely in the hands of its editor, and that the professiou are not in any way responsible for the quality of periodical medical literature.

PROPOSED AMERICAN MEDICAL ASSOCIATION JOURNAL.—The committee appointed at the meeting of the Association at St. Paul to devise ways and means for the publication of a weekly journal under its auspices, if in its judgment such publication should be considered wise and expedient, held a meeting recently in Chicago. This committee has been assiduous in its labors, and we are now informed by a circular letter, that it will advise the establishment of the journal at the next meeting, that it has received sufficient pledges of support to ensure its pecuniary success, and that the plans have been sufficiently matured to permit of the issue of the first number immediately after the adoption of its report. While the pledges of support are, as stated, sufficient to meet the expenses, the committee desires an additional number of 500 subscribers in order that contingencies may be provided against, and in the circular referred to we are requested to publish this desire. This we cordially do, and we have not the least doubt that the additional number of names will soon be secured.

The journal, if issued, will be a weekly, and the subscription price will be $5 a year. We understand that Dr. N. S. Davis, of Chicago, has been prevailed on to assume the editorial management. Dr. Davis is too well known to necessitate any discussion as to his ability to successfully fill this important position.

We have taken occasion, heretofore, to express our views as to the propriety of the establishment of this proposed journal, and have pointed out what will prove the element of its weakness. While one of these may have been removed by the selection of the editor, there yet remain others which are equally potent and quite beyond the control of the editorial management. While with its venerable editor the journal may rank high in spite of inherent drawbacks, it will be much more largely an experiment than if its editor were absolved from the alliances which, in the very nature of the case, must prove more or less entangling.

Parties wishing to pledge their subscriptions will address Dr. N. S. Davis, 65 Randolph street, Chicago, Ill.

INJUDICIOUS USE OF QUININE.—In a paper read before the late meeting of the New York State Medical Association, Dr. Roosa calls attention to certain dangers attending such injudicious use of quinine as is liable to accompany its indiscriminate employment by the laity. Quinine is largely employed as an abortive in colds, and there is good authority for such custom; but Dr. Roosa disapproves of it. From experiments conducted by Dr. Hammond and himself, as well as by various German investigators he concludes that quinine causes cerebral congestion, vascularity and exhilaration. On this theory he bases his objectious to the use of the drug especially in colds affecting the head and ears. In neuralgia of an intermittent character affecting the head, the relief gained may justify the risk attending large doses. Dr. Roosa, moreover, would abolish the employment of quinine as a febrifuge, especially in cases in which there is much associated depression, believing that the secondary effect of the drug renders its employment in such cases dangerous.

It is not unreasonable to believe that the indiscriminate use of such a powerful drug has in it an element of danger, but we do not regard Dr. Roosa's views of the physiological action of quinine as a sufficiently reliable foundation for his conclusions. While he and Dr. Hammond and others claim that it causes congestion and increased vascularity there are others, Brown-Sequard among them, whose opinions are entitled to equal weight, who maintain that its physiological action is to produce anæmia of the brain, while there are still others, among whom is Gubler, who hold that it in no way alters the vascular condition of that organ, the ringing in the ears which it causes being due to direct stimulation of the auditory nerve. The results, moreover, as noted by practitioners whose opportunity for observing the effects of the injudicious employment of quinine do not, we think, fully warrant the disuse of it which would follow the acceptance of Dr. Roosa's views.

RICE AS AN ALIMENT.—The question of the substitution of rice for potatoes as a dietary has received a considerable number of notices from time to time during the last few years. The uncertainty of the potato crop as well as the variability in the quality of the tuber has rendered the introduction of an edible which might take its place very desirable. Rice has so far been the only substitute suggested, and, indeed, its increased consumption of late years shows that it is beginning to become quite popular. Professor Voit, of Germany, who has made the comparative values of various foods a subject of investigation, has prepared the following table setting forth these values:

	Percentage incorporated.	Percentage which is not retained.
Meat	96.7	3.3
Rice	96.1	3.9
Eggs	94.8	5.2
White bread	94.4	5.6
Maize	93.3	6.7
Potatoes	90.7	9 3
Milk	88.9	11.1
Black bread	88.5	11.5

According to these results, the Bremer Handelsblatt remarks, meat and rice leave the smallest amount of residuum, and occasion the smallest excessive exertion to the digestion, and in fact introduce the minimum quantity of ballast into the human frame. Dr. König, of Münster, considers that the fact of large masses of population living on rice is easily accounted for, and in summing up the information collected upon the subject, Professor Voit remarks that potatoes, when consumed in excessive quantity, fail to nourish the frame effectively, make the blood watery, and render the muscles weak. Apart from the subject dealt with in the table drawn up by Professor Voit, the question of the relative nutritive value of rice and potatoes has been investigated by Dr. König, who is of opinion that if similar quantities of both articles are compared, the former possesses four times the value of the latter in really nutritive properties.

Dr. Schmidt and the Tubercle Bacillus.—Dr. H. D. Schmidt, a pathologist of New Orleans, has recently appeared in an article in the Chicago Medical Journal and Examiner in which he strongly combats the views of Koch on the tubercle bacillus. Dr. Schmidt's qualification having been vouched for by respectable authority, his article is being regarded by some of our exchanges as an overthrow of the theory which has won fame for Koch. The pathologist on the staff of the Maryland Medical Journal, Dr. Councilman, is, however, not one of those who have been carried away by Dr. Schmidt's charge, and in his issue of the first instant he undertakes to show that the New Orleans pathologist is an incompetent. He pronounces the article in question "so full of microscopic impossibilities that were it not for the fact that such statements as his were calculated to do harm to a few members of the profession who had not time or opportunity to acquaint themselves with the rudiments of modern microscopic research in lower organisms," he should not notice it. Dr. Schmidt having declared that Koch's bacilli are nothing more than margaric acid crystals, Dr. C. says there is as much difference between these crystals and the bacilli as there is between a tree and an iron lamp post. After indulging in various other such little pleasantries at Dr. S.'s expense Dr. C. closes his criticism with the following sentiment:

"We would earnestly recommend the author of this valuable contribution to medical science to read a few of the articles in bacteria literature that have lately appeared; that of Koch in the Mittheilungen or some of Weigert's articles in Virchow's Archivs, then to commence his studies with the micrococci and other simple forms, studying the characteristics of each as he goes along; then to try and get some of the tissue from anthrax and study the bacilli there, and gradually approach the higher and more difficult fields of microscopic art. If he will do this, we feel quite sure that in a short time he will gladly retire from circulation such copies of the December number of the Chicago Medical Journal as he can get his hands on."

Stigmata Maidis in Cystitis.—Dr. Ducasse (Gazette des Hôpitaux—N. O. Medical and Surgical Journal) regards corn silk as par excellence, the the remedy in chronic cystitis, allaying the inflammation and facilitating the expulsion of gravel. So marked also is its anæsthetic properties in such cases that the writer thinks it must possess some alkaloidal narcotic substance. This anæsthetic action is not marked in acute cystitis. He quotes with approval the conclusions of Landrieux regarding stigmata maidis, as follows:

1. Not only are the different preparations of stigmata maidis useful as a modifier of the secretions of the urinary passages, but these same preparations can be equally considered as an incontestable diuretic agent.

2. Diuresis is rapidly produced, and in three or four days the augmentation of the amount of urine becomes evident and considerable.

3. The diuretic effects are observed, not only in the organs of urinary secretion, but also in disturbances of the circulatory system (diseases of the heart and blood vessels.)

4 The pulse is regulated, the arterial tension is increased, while the venous tension is diminished.

5. The medicament does not cause the least disturbance, either of the nervous system or the digestive functions.

6. Tolerance for this drug is complete and absolute, and medication in chronic diseases can be continued without inconvenience for a month or six weeks, according to my observations.

The Intra Uterine Cry.—Dr. N. S. Folsom, of Portsmouth, N. H., writes: It is the easiest thing in the world to be mistaken, and it is barely possible that Dr. Harlow, who recently reported that he heard a child cry while it was still in the womb was deceived. I was, at all events, thus deceived myself on one occasion. August 31st, 1882, I attended Mrs. S. A. P., of this town, during her first confinement. When the head pressed on the soft parts she took to her knees on the floor, in which position, I being behind her, supported her with my hands on her nates. The nurse had her right hand on the patient's back and was in such position that her head and mine came quite near together on the patient's back. During a pain I thought I heard a cry from the womb. So certain was I that it was a child's cry that I asked the nurse to listen with her ear to the sacrum to catch the sounds more clearly. She, however, heard nothing, although to me the sound was distinct. The nurse soon cleared up the mystery by convincing me that the sound I heard was her breathing. She was asthmatic and I am a little deaf. If the good woman had not explained the noise I might have had a case with which to support Dr. Harlow's.

Iodoform and the Diapedesis of Leucocytes.—Binz (Virchow's Archivs) reports a series of experiments which go to show that iodoform has a

similar effect with quinine, carbolic acid and eucalyptol, in checking the diapedesis of white blood corpuscles. He holds to the opinion that diapedesis is due to a vital property of the leucocyte and not, as Cohnheim and Hering maintain, to an alteration in the wall of the vessel. He is inclined to think that it fastens itself to the vascular wall, which it digests at the point of attachment and thus makes for itself a passage. This digestion properly is due to the peptone which is found in pus corpuscles and to the presence of which the liquefaction of pus is due. Iodoform destroys the action of this peptone, and thus prevents diapedesis, by the liberation of iodine. Its action in this regard is identical with that of iodides of potassium and sodium, the former of which is, because of this property, regarded in Germany as a successful agent in the treatment of croupous pneumonia. By thus preventing diapedesis of leucocytes it prevents the formation of pus, the corpuscles of which have their origin in the white blood corpuscles which find their way through the parietes of the blood-vessels.

Lancing the Gums.—Dr. Chase, in the Dental Journal, gives the following practical advice bearing on this trifling but often quite important operation:

The operator should know whether a tooth is pressing on the gum, and trying to make its way out. In this case, cut down to the new tooth, until it is felt under the lancet. For incisors and cuspids, a straight line cut. For molars, a cross-cut.

How not to do it: With a child sitting up, in your lap, or any one's lap.

How to do it: Let the operator and 'nurse' sit close together, facing each other. The child is laid down, face upwards; the head in the operator's lap, the feet in the 'nurse's' lap. The nurse holds the limbs of the child quietly, so that it may not interfere.

With the left hand the operator takes the jaw between his fingers, and slowly and firmly does the cutting.

There is no false cut. The child is still.

Iodide of Lead Ointment in Mastitis.—Belladonna has long been the standard application, in the form of an ointment, in inflammation of the mammary glands due to hypersecretion or deficient withdrawal of milk in the case of the puerperal woman. Few practitioners, however, but have been disappointed in its use, and the application which shall prevent the troublesome complication of mammary abscess is still a desideratum. Dr. Thos. T. Gaunt recommends (American Journal of Obstetrics) the employment of iodide of lead ointment, having found it satisfactory in his own practice. After a thorough drying of the breast he rubs in gently with the ointment until a considerable portion is absorbed. He then saturates a piece of sheet lint with a solution, of ʒ ij to ℥ ss to the pint, of acetate of lead, with which he covers the breast. If there be much pain the ice-bladder may be applied over the lint, which should be frequently dipped in the lead lotion. The breast should be emptied as completely as possible, assisted by gentle rubbing, every four hours.

Chicken-Pox in the Adult.—Mr. F. G. L. Connell, medical student, writes us anent the note on this subject in our last, as follows: The gentleman with whom I live was taken with an eruptive disease which he did not question was chicken-pox, owing to the fact that his children were down with this affection at the time, they having contracted it from their cousins. One prominent physician who saw the case cautiously pronounced it a "mongrel;" another who saw it after the eruption had about disappeared declared it to be varioloid, basing his diagnosis mainly on the supposition that an adult cannot have chicken-pox. The latter gentleman importuned the health officer to have the case quarantined but the official declined so to do. In the morning the appearance of the eruption had so changed as to create a suspicion even in the mind of him who the day before had diagnosed it varioloid, that it might possibly be varicella. The inmates of house congratulate ourselves that he did not see the case when the eruption first appeared.

Cockroach Tea.—An infusion of cockroaches is said to be employed as a domestic remedy for "gravel" in certain sections of the south, and it is known that the insect is very generally employed in Russia in certain stages of Bright's disease. It is said to contain an active principle to which the name *blattiden* has been given. There is no valid reason why the cockroach (*blatta orientalis*) or any other insect should not be as much a subject of scientific investigation as the Spanish fly. Some three or four years ago the bed bug (*cimex lactularius*) excited some interest because of certain medicinal properties which it was thought it might possess, but we have heard no more of it of late. If these domestic animals shall prove to be of any value in medicine, we can put drug gatherers on the track of a copious supply of them.

Chloral Hydrate in Diphtheria.—Dr. J. Z. Scott, of White Rock, Kansas, writes: I noticed in the first number of the Age a report of the action of a solution of chloral hydrate in the above disease, written by Dr. Allen, of Lawyersville, before the Medical Society of Northern New York. I have used the remedy, and while I do not think it is a specific in diphtheria, I have witnessed good results from its use. Four years ago a bad and somewhat extended epidemic of malignant diphtheria came up in my practice, and I then had recourse to chloral hydrate. I tried the solution frequently and have noticed the membrane to dissolve very promptly under its use. It is certainly also an antiseptic and innocuous. I used it in the following solution: Chloral hydrate, gr. 15; glycerine and water, of each ℥ ss. Sig.—Apply with brush.

THE REACTION OF URINE IN INFECTIOUS DISEASES.—The Berliner Klinische Wochenschrift publishes a statement, by Ehrlich, to the effect that on the addition of a solution of sulphanilinic acid to the urine of patients suffering from such infectious diseases as tuberculosis, typhoid fever, etc., a bright red color is produced, while in the urine of ordinary inflammatory diseases or febrile affections there is no such effect. Further details of this interesting discovery are promised.

GAMBETTA'S BRAIN.—The smallness of Gambetta's brain causes much surprise. The average weight of the human brain is 48 ounces, but Gambetta's weighed but 1,160 grammes, or about 38 ounces. It was remarkable, however, for the richness and clearness of its convolutions. While great size of brain is no longer regarded as a criterion of intellectuality, it is nevertheless surprising that such great power could work through, or be secreted by (you takes your choice) a brain the size of which is microcephalic—the range of idiotic brains being from ten to thirty-five ounces.

LEVIGATED SUBNITRATE OF BISMUTH IN VARICOSE ULCERS.—A writer in the Journal de Medicine (translated by N. O. Medical and Surgical Journal) extols subnitrate of bismuth as a dressing for the ill-conditioned sore of a varicose ulcer. Its action is more than that of a mechanical protectiou, the benefits following its use being most marked in cases in which it becomes black, the blackening being due to the formation of a sulphide with the gaseous emanations from the sore.

TANNIN AS A LOCAL APPLICATION IN ERYSIPELAS.—Dr. Spender (British Medical Journal) commends very highly the frequent application, by means of a camel's hair brush, of a solution of tannin in equal parts of water and spirits of irou, in the so-called idiopathic (non-pyæmic) form of erysipelas. The strength is six grains to the drachm. The application creates also very grateful seusation, a delightfully cool feeling following the evaporation. A dozen applications or so usually suffices to allay the swelling and to cause a shrivelled appearance of the skin.

The North American Review for March opens with an article on "Money in Elections", by Henry George, who brings to the discussion of that hackneyed subject a contribution full of originality, freshness and keen iusight. Robert S. Taylor writes of the "Subjugation of the Mississippi". Moncure D. Conway contributes a very striking study of Gladstone as a mau and a statesman. Hon. George W. Julian's "Railway Influence in the Land Office" is a grave, judicial exposure of the practices which, against the manifest intent of the law and the determinations of the highest courts, have won for corporations millions upon millions of acres of the public domain. Richard A. Proctor writes of the "Pyramid of Cheops"; Prof. Wm. G. Sumner of "Protective Taxes and Wages"; Elizur Wright of "Some Aspects of Life Insurance"; and finally, there is a symposium on "Educational Needs," by Prof. G. Stanley Hall, Prof. Felix Adler, President Thomas Hunter, and Dr. Mary Putnam Jacobi. Published at 30 Lafayette Place, New York, aud for sale by booksellers generally.

Our beloved contemporary, the Louisville Medical News, is bilious. In commenting on our note of condolence with the editor of an exchange who is burdened and hampered with fifteen associates, it explodes as follows, to-wit: "Thus wails the merry Mudheron, of the Michigan marshes, who, evidently, is already wearied and worried by his four associates. The associates have our sympathy." Come, now, Yandell, me boy, don't do that. Such efforts are very enervating. All skin diseases are *not* due to malaria, and quinine is *not* a universal panacea. You never said so, and when you did say so of course you didn't believe it. We are sorry now that we ever accused you of saying so, and will forthwith clothe ourself in sackcloth and put ashes on our head. We take it all back. We would do anything or say anything, regardless even of facts, rather than subject the delicate mental equipoise of the dauntless dermatologist of the blue grass region to agitation which manifests itself in such symptoms as the above.

Whoever hesitates to utter that which he thinks the highest truth, lest it should be too much in advance of the time, must remember that while he is a descendant of the past he is a parent of the future; and that his thoughts are as children born to him, which he may not carelessly let die. He, like every other man, may properly consider himself as one of the myriad agencies through which works the Unknown Cause; and when the Unknown Cause produces in him a certain belief, he is thereby authorized to profess and act out that belief. Not as adventitious, therefore, will the wise man regard the faith which is in him. The highest truth he sees he will fearlessly utter; knowing that, let what may come of it, he is thus playing his right part in the world—knowing that if he can effect the change he aims at, well; if not, well also; though not *so* well. —*Herbert Spencer.*

We have been quite interested in a description of "Springbrook Place," Geneva, Illinois, as given in a recent number of the Weekly Magazine of Chicago. "Springbrook Place" is the sanitarium established through the enterprise of our former townsman, Dr. E. W. Jenks, and we are pleased to note the success which has attended it from its very beginning. Our pleasure is marred only by the regret that the doctor in founding the sanitarium overlooked the advantages for an institution of that nature, under his efficient management, which are presented by his former home. Certainly the opportunities as well as the necessity for such an institution in this city are exceptional.

Appearances indicate that our enterprising suburb, Toledo, is to have two medical colleges very shortly. We noticed in our last, the announcement of the Toledo Medical College, and we have just received one from the Northwestern Ohio Medical College. The latter claims to have been the first in the field, it being but a higher development of the Toledo School of Medicine for which a charter was obtained in 1878. We understand there is some talk of starting a third, but the lack of professors prevents, the two now under way, not having left enough to get up another set. Toledo has more professors to the square yard than any town in America.

It has gone abroad that Missouri is the most quack-ridden state of the Union. It has 4,834 practitioners of all complexions, or one doctor for every 450 inhabitants. Of these, 3,453 sail under "regular" colors, and the remainder, unclassified, eclectics, homœopaths and nondescripts. Of the 3,453 "regulars", there are, however, only 2,456 who possess diplomas. There are 269 who are known as professional abortionists, who, it is averred, destroy upwards of 8,000 lives in utero per annum, or an average of 30 apiece.

The editor of an exchange, which makes unusual pretensions to culture and standing, gives his readers the startling piece of information that he took a trip to a neighboring burgh by a line of railroad of whose "excellent management" and the "pleasure and comfort" which grows out of it, it "cannot speak in too high terms." Will he not relieve the painful suspense by telling us how he found it on the return trip?

It has been urged that the change in the Code, as made by the New York State Medical Society was at the dictation of the specialists. This was freely denied at the late meeting, and the resolution adopted by the New York County Medical Society is adduced in support of the denial. That society, at a meeting held on the 29th ult. passed a resolution, by a vote of 147 to 60, declaring in favor of the new code, "especially because it leaves the matter of consultation to the discretion, the honesty and the humanity of the individual practitioner."

The Lancet combats the notion that abundance of hair is an index of strength, either mental or physical. The Chinese, the most enduring of all races are mostly bald. Esau was a hairy man but he was easily wheedled. The mighty Cæsar was bald. Long-haired men are generally weak and fanatical, while the brains of the world are concealed 'neath a scanty crop of hair. The scarcity of hirsute in the editorial staff of the AGE has, by the way, often been remarked.

Barnes, the "Mountain Evangelist," whose *modus curandi* is by the laying on of hands, declares that he is not a homœopath, an allopath, a vitopath nor any of the other paths generally recognized. He proclaims himself a Jesuspath, which "path" he estimates as worthy a hundred of the other. Notwithstanding the fact that we are in the full blaze of the nineteenth century, this sacrilegious impostor has a large clientele

The British Medical Journal has a very complimentary article on the progress of medical journalism in this country, and concludes with the following sentiment: "Against so many and such powerful and ably conducted rivals, the proposed medical journal of the American Medical Association, which lies still in the womb of time, will have much to do to hold its own." We endorse this sentiment.

A writer in the Medical Times declares that alcoholism is unknown in Brazil and the cause is coffee. Cafés in which the most delicious infusions of the bean are dispensed, abound there, where saloons for malt and spirituous beverages abound here. His Excellency, the Baron of Theres polis, vice-director of the faculty of medicine of Rio de Janeiro proclaims that the number of drunkards in a country is in inverse ratio to the amount of coffee consumed.

The Alienist and Neurologist declines to subscribe for directories containing the names of leading physicians on the ground that it can find the names and addresses of such eminent physicians as it does not number on its subscription list, among the recommendations of the proprietary medicines to which its attention is daily importuned.

A resolution was introduced at the late meeting of the New York State Medical Society providing for the complete abolition of the Code of Ethics, even as amended by that society, and declaring that the only offences for which the right to discipline shall be reserved, are such as are comprehended under "the commission of acts unworthy a physician and gentleman." Its consideration was laid over for one year.

There has been a remarkable discrepancy between commercial and meteorological reports on the subject of mercury this season. When the one has declared it up, the other has reported it lower than it has been for many seasons.

The Student's Journal has the following: "Well, madam, how's your husband to-day?" "Doctor, he's no better" "Did you get the leeches?" "Yes, doctor, but he could only take three of them raw: I had to fry the rest."

A busy doctor sent in a certificate of death the other day, and through accident, doubtless, inserted his name in the blank space for "Cause of Death." Thus do men sometimes blunder into truth.

Dr. Albert G. Craig, Vevay, Indiana, suggests the substitution of linseed oil for olive oil in the composition of liniments. He has found it better, as well as much cheaper.

PUBLISHER'S NOTICE.—Our publisher requests attention to the bills for subscriptions which readers who have not yet remitted will find enclosed in their copies of the present number. It is particularly requested that they be returned, accompanied by the "almighty dollar," as soon as convenient. A successful journal presupposes a good financial standing, and a good financial standing is a matter which is very largely in the hands of its subscribers. Any man who thinks a journal good enough to be regularly read, should aim to sustain and increase its usefulness by a prompt discharge of his duty towards it. This is a self-evident truth but because of the fact that in the hurry of business it is apt to be over-looked, we give this reminder.

[Reported for the MEDICAL AGE.]

Unusual Complications of Pleural Effusion.

BY PROFESSOR J. M. DA COSTA, M. D., PHILADELPHIA, PA.

Pleural effusion may occur in the course of intrathoracic cancer from the pressure of the tumor on one of the azygos veins, but more frequently it results from the pleura itself becoming the seat of cancerous disease. Cancer of the pleura, however, is rarely a primary disease, and in the three following cases it will be found to have arisen as an extension from adjacent tissues. It is also met with in cases of general cancerous cachexia.

Case 1.—Patient æt. 42, colored, was admitted to the hospital in the winter of 1867, with a scirrhous tumor of the right mammary gland. The wound healed and she was discharged. Later there was ulceration of the cicatrix, but this soon healed. Upon August 20th she was re-admitted to the ward complaining of dyspnœa, without fever, cough, or pain in the side. Her respirations were thirty-two to thirty-five, pulse ninety, marked dyspnœa, respiration abdominal, expiration prolonged and wheezing, tongue moist and clean, no vomiting or diarrhœa, œdema of feet and ankles, left lateral decubitus, axillary glands enlarged and indurated. Physical examination revealed percussion resonance fair at apex on right side, but impaired below nipple; on left side absolute dullness from apex to base; the intercostal spaces level, but not bulging on this side; deficient expansion of left thorax; over right, expiratory murmur exaggerated; clear and almost metallic bronchial breathing over whole posterior aspect of left side; sounds feeble and slightly bronchial in front, except over apex; vocal fremitus diminished; heart sounds healthy but feeble. Iodide of potassium, carbonate of ammonium and tincture of belladonna ordered, with beef tea and milk punch. Later, pulse became slightly dicrotic and heart dislocated to right of sternum. On September 5 paracentisis was performed. The needle was introduced into the sixth interspace, on a line with the anterior border of the axilla. Two quarts of dark, bloody serum were withdrawn The fluid was highly albuminous, sp. gr. 1013, and deposited a thick chocolate-colored sediment. The operation greatly improved all the symptoms. On September 7 the fluid again began to accumulate and the symptoms returned with such severity that on the 11th paracentesis was again performed and two quarts of reddish serum were drawn off of much the same character as the fluid of the first drawing. Again the patient began to improve rapidly and was almost convalescent, when on November 9 her symptoms gradually aggravated, and on December 29 death occurred quietly. Autopsy.—The right lung was quite free from pleuritic adhesions; there were, however, both on the costal and pulmonary layer, numerous cancerous nodules projecting into the pleural cavity. The pleura around these deposits appeared healthy. Upon making a section through any of these growths they were found to vary in thickness from one line to one inch. Immediately beneath the right mammary region there were some prominent cancerous nodules. The pleural sac contained a pint of clear yellow serum. The left lung was very much compressed and contracted. The pleura was much thickened and the costal layer showed the same cancerous growths as on the right side. The pulmonary and pericardial pleura was also dense, thickened and very tough. The tissue of the lung was condensed, but smooth on section and apparently healthy. The pleural sac contained sero-sanguinolent fluid in much smaller quantity than the right. The entire extent of the diaphragmatic layer of pleura on both sides presented extensive cancerous growths. The pericardial layer was also the seat of cancerous growths. The heart was somewhat enlarged, but the valves healthy. The aorta was of normal size. The cancerous nodules were some scirrhous and others firm encephaloid. There was considerable fatty degeneration of the encephaloid growths and not so much in the scirrhous.

Case 2.—Seen with Dr. Yarrow. The patient was 56 and free from the cancerous diathesis. He had suffered from bronchial cough and malarial trouble. On or about June 21, 1876, Dr. Yarrow was called to see him and found marked effusion on right side which caused violent orthopnœa. There was localized chest-pain, absence of respiratory sounds and dullness on right side. These signs gradually diminished upon treatment and he began to go about again when there occurred a second effusion on September 15th. There then appeared distinct prominences and severe pain. The signs of this last effusion never entirely disappeared and the pain continued. I saw him early in October, there was then great emaciation and profuse sweating. The pain was constant, and interfered much with sleep. There was dry cough; pulse frequent and feeble; right side of chest enlarged; movement impaired, but not lost, apex in front dull; resonance down to fifth rib, not so low on side. Posteriorly, flatness from spine to scapula down, feeble distant breathing over dull area behind, change of position produced no effect at all. A needle was introduced through eighth interspace posteriorly, on line of scapula, and one pint of clear serum drawn off. Towards the close, the

fluid was almost pure blood. This afforded much relief, but did not affect the physical signs. The heart was outside of nipple on left, no distention of veins. There was a second operation performed at same point but with no results. The prominences increased, and he progressively lost flesh and suffered great pain, on December 11, 1876, death occurred, preceded by slight œdema. At the post mortem examination the left lung was healthy, but congested and the heart pushed towards the left side. A large mass of morbid growth lay in the anterior mediastinum, attached to the posterior surface of the sternum and to the outside of the pericardium. The sac contained about a gill of bloody serum, on the right side there were extensive cancerous masses. The mass on the posterior surface involved both layers of pleuræ, and also the superficial lung-tissue. The whole thickness of the diaphragm was also involved. At one spot the cancerous disease extended to the capsule and tissue of the liver. There was no pleural effusion, the lungs prerented comparatively few cancerous nodules, at points it was intensely congested, at the point of first puncture there were pleural effusions. The liver was enlarged, congested, indurated and granular. The remaining abdominal organs were healthy, the body presented a moderate degree of emaciation.

Case 3.—Patient æt. 60, seen with Dr. J. G. Wilson, had suffered some eight years ago with symptoms of cardiac disease and abdominal dropsy. This had been relieved, though after continued shortness of breath. For some months she had suffered from increasing dyspnœa, and more recently from symptoms of pleural effusion on the left side. She had been very fleshy, and, although she had lost some weight was still a stout woman. There was intense orthopnœa, hurried breathing on the right side and frequent feeble, irregular pulse. Physical examination showed nothing abnormal on the right side, while on the left there were signs of effusion reaching the second rib. The heart was pushed towards the right, and it was very difficult to detect its apex beat, indistinct systolic murmur could be heard. There was moderate ascites and marked œdema of the legs, the urine contained no albumen. Paracentesis was performed, the point of selection being the seventh interspace in a line with the anterior border of the axilla. Eighty fluid ounces were withdrawn, of which the latter part was slightly tinged with blood, marked relief followfor a time, but there persisted considerable increase of dullness around the cardiac region, extending particularly towards the mediastinum. The relief was but brief, symptoms of effusion on the right side occurring, and the patient died a month after the operation. The post mortem examination showed extensive intra-thoracic cancerous disease. There was a large mass accompanying the anterior mediastinum and involving the anterior layer of the pericardium, which was nearly an inch in thickness, the pericardial sac contained f ℥ jv–v of blood stained serum, with some roughness of the membrane, there was no valvular disease, there were scattered nodules of cancerous growth on the pleura on both sides, on the left side, the pleural sac was obliterated by adhesions, on the right side, the sac contained three pints of blood-stained effusion, and there were numerous small nodules scattered through the substance of the lung. In some cases the diagnosis of cancer of the pleura is very easy. Thus, as in case 3, if following an external cancer of the mamma or elsewhere, dyspnœa and signs of increasing pleural effusion supervene without there having been any exciting cause of pleurisy, we may suspect the development of cancer of the pleura. So, too, in case 2, the peculiar recurrence of effusion without apparent cause, the severe pain extending down the nerves of the right arm, the irregular distribution of percussion dullness, and especially the later development of the prominences described, enabled the diagnosis to be readily made. On the other hand, in some cases the diagnosis is very difficult. This is particularly true when the pleura becomes affected in connection with primary cancer of the lungs, or as an extension from small and comparatively deep seated mediastinal growths. Thus in case 3, both the history and the marked evidences of cardiac disturbance make it probable that pleura effusion was due to cardiac disease. The staining of the serum which was withdrawn, and the extensive dullness over the præcordia and the lower part of the mediastinum aroused suspicion as to the existence of intra-thoracic growth.

I would dwell with particular emphasis on the value of the serum when mixed with blood as a sign of cancer of pleura. It is true that this may sometimes occur in cases of an inflammatory nature and it not rarely happens that towards the close of the operation, particularly if severe cough has been excited, there may be a little blood with the serum. But when the effusion throughout presents a blood-stained tint, showing that the blood has been previously effused, it should always call attention to the possibility of there being cancer of the pleura. It will therefore be seen finally that even when the pleural effusion does not supervene on external cancerous growth, a careful study will frequently reveal points leading to correct diagnosis. The existence of cancer of the pleura is no counter-indication to paracentesis if the effusion be large and cause severe dyspnœa. Even if the effusion be comparatively small and sacculated, great relief may be afforded, as seen in case 4; while when the entire collection is removed, as in cases 1 and 2, great good may be done, and it may even happen as in case 3, that adhesions will form and prevent any return of effusion on that side. It is needless to say that such relief is at best palliative merely, and that the fatal progress of the disease will cause death either by extension to the opposite side or by the development of visceral growths. Both before and after the operation of paracentesis, which is so often called for in cancer of the pleura, the use of anodynes, either internally or hypodermically, is necessary for the relief of pain or paroxysmal cough which frequently attends cancer of the lung or mediastinum.

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Retirement and Presentation.—Dr. J. J. Mulheron, Professor of Institutes of Medicine, Materia Medica and Therapeutics, in the Michigan College of medicine, having some three months ago tendered his resignation of that chair, the same to take effect on the close of the session of 1882–3, the students of the College embraced the opportunity afforded by the reception at Abstract Hall, after the commencement exercises, on the evening of the 5th inst., to present him with the following address, which was executed in artistic penmanship and contained in a superb gilt frame:

Dear Sir: On the eve of your resignation of the Chair of Institutes of Medicine, Materia Medica and Therapeutics in the Michigan College of Medicine, we, on behalf of the different classes, take the opportunity of tendering you this expression of our esteem and respect.

Realizing the vast importance of your subject in its practical relations to the people, and the fact that our success as physicians will largely depend upon a thorough knowledge and intelligent application of its principles, we have, indeed, reason to congratulate ourselves on having had so able and efficient an instructor.

During the three years in which you have been identified with our College, we have ever felt that you have ever had our personal, as well as our professional interest at heart. You have frequently admonished us of the many difficulties and dangers to be met with in our future career, and have on every occasion clearly indicated the means compatible with personal and professional dignity by which they may be overcome.

While sincerely regretting the severance of your relations with our alma mater and the ties which have existed between us as Professor and students, we earnestly hope that in future hours of trial we shall not be denied the privilege of your counsel and advice.

In taking our leave of you, we respectfully tender you our heartfelt thanks and unite in wishing you and your family the choicest of earthly blessings.

(Signed)

George Steuernagel,
Hugh M. Cooper,
I. W. Hamlen,
John Garrow,
Walter J. Cree,
B. P. Brodie,
H. R. Ellis,
George Farmer,
Committee.

Dr. Mulheron responded as follows:

I assure you, gentlemen, that I am deeply grateful for this expression, not only of your appreciation of my efforts to benefit you, but also of your personal regard. The expression is all the more grateful because it is but supplementary to manifold other expressions during the continuance of our relations, and which I am convinced were at all times unpremeditated. Your uniform deportment in the class-room, the air of your greeting outside the class room and your studious attention to the subjects which it has been my province to teach, have combined to make more convincing evidence than words that the sentiment which you have just expressed is the language of your hearts. The majority of those of you who have to-night received your degrees of the doctorate, passed your final ex

amination on materia medica and therapeutics a year ago, and were thus absolved from all obligation to attend my lectures during the session which has just closed. This fact did not, however, cause you to absent yourselves from these lectures, and those who were obliged to attend were not more regularly found in their seats than those whose attendance was not required. I am sure I will be justified in my interpretation of such attendance as the greatest compliment which could be paid me, and I assure you, gentlemen, it was duly appreciated as such. This attendance was, moreover, to me a potent stimulant to effort on your behalf. The man who would fail to exert himself to the utmost in the interests of a class capable of thus showing its appreciation would be sadly out of place in the teacher's chair.

Allow me, gentlemen, to add my congratulations to those tendered you on the consummation of your college life—the diploma of your degree from your alma mater. May I cherish the hope that in the emergencies of that new life to which this degree will introduce you, you may find my teachings helpful? May I hope still further that the lessons in ethics to which you have referred, may aid you in the development of true gentlemanly character? The details of our code of ethics are numerous and it will tax your memory to retain them all. There is a shorter code, that formulated by the model gentleman, He of Nazareth: "As ye would that men should do to you, do ye even so to them." This embraces all the rest. Let it be the guide to your conduct, both to your professional brethren and to the public at large.

It will please me to hear of your success, in the ordinary acceptation of the term, but I shall be more pleased to hear in addition that it is said of each one of you, "he is a true man, well rounded out in all his parts." These are such sons as an alma mater is proud to acknowledge, and these are they whom the world is not slow to honor.

Gentlemen, one of my deepest regrets at discontinuing the duties of medical lecturer is because of the opportunity thus lost of being in this manner helpful to young men of the earnest, studious, honorable class to which you have given evidence of belonging. If I have been helpful to you, you have been none the less helpful to me. In the years to come I shall associate the memory of my connection with your alma mater among the most pleasant of the past.

Gentlemen, I again thank you. God bless you all.

Chronic Ovaritis.—Although not so frequently occurring as some of the other disturbances of the uterus and its appendages, as, for instance, version, prolapsus, endo-metritis, endo-cervicitis, etc., chronic ovaritis is sufficiently common to cause much trouble and anxiety to the practitioner. It is a very unsatisfactory affection as regards treatment and any suggestions bearing thereon are always in order. We have a number in an article by Dr. Henry Gervis, obstetric physician to St. Thomas' Hospital, London, in the British Medical Journal of 3d ult. We have in the history of a case reported by him a very succinct narration of the symptoms of chronic ovaritis. The principal one is pain in and radiating from one or other ovarian region; more or less severe; sometimes dull, sometimes acute, sometimes very acute. At first this pain is occasional only, but apt to be pretty regularly provoked by the occurrence of ovulation, getting worse before the catamenia and lessening afterwards. After a time it becomes continuous, but increased by standing or walking; especially is this the case if the ovary be prolapsed or congested; and if it be the left ovary which is affected it is apt to be aggravated before and during action of the bowels. So great is the pain under the latter circumstances that the patient will sometimes defer defecation for one or two weeks, and in one of Dr. Gervis' cases even three weeks were allowed to pass through dread of the pain. In the early stages of ovaritis there is a tendency to menorrhagia, but later on, owing to changes in the tissue, the flow usually becomes scanty and is accompanied by pain (dysmenorrhœa). The pain on pressure over the diseased ovary is of a sickening nature, resembling, indeed, the pain caused by pressure on an inflamed testicle. Among the constitutional symptoms the chief are neurotic disturbances and nervous irritability, the result of nerve exhaustion.

As regards treatment, it must be remembered that uterine trouble usually precedes the ovarian, and the former must be rectified before the latter, *per se*, can be benefitted. The bowels must be maintained in a soluble condition, and much benefit will be derived from injections twice daily of hot water (100° to 110°) and the introduction of pledgets of cotton saturated with glycerin high up in the vagina. All pressure from the clothes must be guarded against, as must also all pressure from accumulation of flatus. Rest in the recumbent posture, within the limits of physiological necessities, must be enjoined, the hips being raised by a pillow. The iodide of potassium for its effect on the inflamed tissue, the bromides of potassium and ammonium for the nervous disturbances.

The local treatment includes the use of iodine or small blisters to the inguinal region, or sedative liniments, such as the liniments of aconite, belladonna, or chloroform. Hot sitz baths, douches, 105°–110°; mercurial vaginal suppositories where it appears possible to promote absorption of exudations, or lessen ovarian congestion; and when the ovary is prolapsed, the introduction of an elastic ring pessary, which supports at once both uterus and ovary, often so taking off the dragging and bearing down sensations of which the patient complains, and markedly relieving the dyspareunia so frequently present. A device that Dr. Gervis has made use of sometimes, and with benefit, has been what has been called the postural method of treatment. By getting the patient to kneel for definite periods

of fifteen to thirty minutes, two or three times a day, in the genu-pectoral position, the ovaries, unless fixed, will gravitate out of the pelvis, and so lose some of their congestion. And these approaches to a healthy condition, repeated frequently, lead, it is believed, to the tendeucy toward health becoming permanent. At all events this position very frequently has the effect of distinctly relieving pain. One other point worthy of attention is the question of utero-gestation; and the cognate one of the permissibility of conjugal relations in the married. Briefly, sexual excitement being obviously undesirable, intercourse must be within the most restrained limits, when from circumstances, complete abstinence is unattainable. In some stages of ovaritis, while ovulation proceeds, conception is of course possible; and there is also no doubt that gestation has, in many cases been distinctly beneficial to cases of chronic ovaritis. The explanation being that during gestation the ovaries are having a complete physiological rest; and also that being lifted out of the pelvis by the uterus, as it rises in the abdomen, they are removed from much of the pressure and weight to which, while in the pelvis, they are subjected. But in spite of all such precautions and treatment, a certain number of these cases drift into the third class, the class in which no remedy short of a nearly persistent narcotism appears to give any relief. The patient is always in pain; pain spoken of by some as a burning, scorching pain; by others as a wearing unendurable pain; by others as "torture;" a pain from which nothing but the stronger sedative, or hypodermic injections of morphia, or large doses of brandy, give any freedom. For the relief of this class little but surgical treatment remains, apart from the perpetual administration of sedatives.

Spontaneous Combustion.—The young man Underwood, whose case Dr. Woodman, of Paw Paw, Mich., reported in the Michigan Medical News of September 11th last, has been exciting considerable interest and incredulity by the power, which he claims, of igniting inflammable material by simply breathing on it. It will be remembered that Dr. Woodman vouched for the good faith of his experiments. He had studied the young man carefully and taken the utmost possible precaution against imposition, even to stripping him, having him rinse his mouth and wash his hands thoroughly. With all these precautions, however, he would breathe on a handkerchief furnished by any one present and consume it with flames. While out hunting he has been known to collect leaves and start a fire by simply breathing on them, and on getting his feet wet he dries his stockings in the same manner. Dr. W. says "it is certainly no humbug," and asks "what is it?" He regards it as electricity, the product of nervous action. He declares, further, that the young man is so much exhausted after his experiments that he cannot be induced to repeat them more than once during the day.

This young man has, we learn from the papers, been to Chicago where he exhibited his powers before a company largely composed of physicians, among whom were several chemists. While his spectators were incredulous, we have not learned that they detected any imposition. We attended, a few weeks ago, a lecture by Professor John E. Clark before his class at the Michigan College of Medicine, in which he gave what purported to be an exposé of Uuderwood's trick, but which was not, to our mind, at all satisfactory. Dr. Clark secreted between his fingers a small capsule filled with a solution of phosphorus in carbon disulphide (Greek fire) which he broke in the handkerchief while rubbing it in his hands. By breathing on the handkerchief after this, "spontaneous combustion" was readily caused. It is, in the first place, incredible that Dr. Woodman or the Chicago gentlemeu were imposed on by any such transparent device as this. In the second place, the nature of the combustion thus caused differs from that reported by Dr. Woodman. In combustion caused by the spontaneous ignition of phosphorus, only such portion of the material thus treated is consumed as is covered with the solution, the phosphoric acid generated during combustion glazing the parts in the viciuity with a nou-combustible varuish. In Underwood's case the material (handkerchief, leaves, shavings, etc.) is entirely consumed.

The generation of such heat by the human body to ignite inflammable material has, of course, been deemed an impossibility, notwithstanding the romance with which the question has been surrounded and the use which novelists have made of the alleged fact, in embellishing their works. Most writers refer to the matter only to contemptuously reject it. Doubtless the so-called cases of spontaneous combustion of heavy drinkers are myths, the burning in every instance being traceable to direct ignitiou. The fat body of the drunkard, saturated with alcohol, being more inflammable than the woolly fibre of his clothing, is apt to burn more freely, and in this we have an explanation of the mysterious fact that the body has been found consumed with its clothing comparatively intact.

It has been suggested that phosphoretted hydrogen may be generated in the human body, and Professor Apjohn (Tidy's Legal Medicine) appears to favor this view. It is true, says Dr. Tidy, that gases found it dead bodies are sometimes inflammable. But it is a question whether they are likely to be present in sufficient quantity or purity to fire—in other words, whether they are not, as a rule, so diluted with non-combustible gases, that they cease to be liable to ignite. It is barely possible that in Underwood's case the phenomeuon consists of a hypergeneration of phosphoretted hydrogen which is not neutralized, as in ordinary cases, by the non-inflammable gases.

Cerebral Dyspepsia.—John S. Main, M. D., (British Medical Journal), strongly insists on the purely cerebral origin of many forms of dyspepsia,

where the patient is neither over-indulgent, nor intemperate, nor addicted to hurry over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man, with good appetite, suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious, or more jarring to the cerebral elements, than uncertainty, and the worry caused by the same, more particularly in preternaturally, irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind, in such cases, preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathizes. But in addition to worry, the habitual practice of calling into action the "reserve fund" of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability; this condition, sooner or later, telling upon the digestive organs. Having said this, it is almost unnecessary to add, that such cases are most commonly met with amongst those who are engaged in the hottest part of the 'battle of life,' or 'struggle for existence;' and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty or over stretching of the mental powers. In over-aspiring, over-ambitious natures 'hope deferred' may bring about the same results; as, according to the biblical expression 'it maketh the heart sick.' My attention was drawn to several cases of dyspepsia, connected with one or other of these conditions, some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin was their obstinacy under all forms of natural treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good, is a change, in the wide sense of the term—a relaxation from business or study; and as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Amongst these, I have found the most useful to be the bromide of ammonium, or bromide of potassium —perferably the former—given in a sufficient dose at bedtime, to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building up effect on the nervous system. Amongst these, the most useful being phosphorus, or the hypophosphites, and cod liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if overtasked when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."

Compulsory Notification.—Certain of our secular papers, supported, we regret to say, by a few physicians, have affected to ridicule the demand of small fees for services rendered the public in the matter of furnishing certificates of death and notifications of infectious or contagious diseases. Ridicule is a cheap substitute for argument, and how appropriate soever it may be in the mouths of demagogues, it is sadly out of place when employed by members of the profession in a question considered of sufficient interest to engage the serious consideration of the majority. The question is not one of remuneration *per se;* the insignificant size of the remuneration asked in the bill before the legislature (ten cents for each notification or certificate) should be enough to settle that point. Those who base their ridicule on the paltriness of this sum but proclaim themselves the sordid money-makers which they, in most instances, are. With such utilitarians medicine is a trade, a simple means to an end which might, in many cases, be much more successfully attained through agencies, less hallowed through associations and less honored by memories. We hope the day is far distant when the medical profession will follow in the wake either of demagogues, or utilitarians, or salaried servants, to regard their honorable profession as a trade and to measure the services rendered as a something compensation for which can be fully measured in dollars and cents. There is an *esprit de corps* in the ranks which rebels against such teaching as this.

Above all other callings the medical profession has been preëminent in its unrequited labors on behalf of the public. Its schemes for the general good and the private benefactions of its individual members, for which no pecuniary reward has ever been expected or received, it is not necessary to recount. Medical men devote themselves to charity without ostentation and not letting the left hand know what the right doeth. The benefactions of the family practitioner are rarely published and are never blazoned forth for personal glory. In the legitimate discharge of his high mission he avoids the publicity of the secular press. How sadly he sometimes changes in this regard when he becomes a salaried officer!

But though thus always ready in season and out of season to voluntarily give his services in worthy charity, the physician who holds his profession in proper esteem, will not tamely submit to be compelled to give his services without reward. The demand for a small fee in each case of death certificate or notification of infectious disease, on the part of the physicians of this city, is nothing more nor less than a rebellion against the attempt of local authorities to deprive them of their natural right to bestow or withhold their charity. These gentlemen are too

deeply imbued with the inherent justice of their demand to suffer themselves to be side-tracked by ridicule for any source.

PHILADELPHIA ENTERPRIZE.—There is one Samuel M. Miller, of Philadelphia, publisher and bookseller, whose enterprise is too remarkable to permit of its being noticed without comment. He has figured of late years as the publisher of notes on practice, clinical lectures, etc., by the eminent and prominent physicians and surgeons attendant on the New York and Philadelphia hospitals, and his enterprise in securing this valuable material from such a variety of sources has been complimented at various times by the medical press. This enterprising individual furnishes also reports of clinical lectures to medical journals and we have from time to time paid him for such reports. We have generally exercised the usual care in the publication of such articles but were recently caught napping and in the press of duties allowed one which purported to be from Professor J. M. Da Costa, of Philadelphia, to go to the printer for our issue of the 10th ult., without having exercised the usual precautions. A copy of the number of the AGE, having been sent to Dr Da Costa, it elicited a letter from which we quote the following: "I can only say that I think in the article with which my name is connected, you have been imposed upon. I do not recollect ever to have seen the case or delivered any such lecture at any time." In a subsequent letter Dr. Da Costa re-iterates his disclaimer, in language most positive and unequivocal. On the part of Miller whose attention we immediately called to the matter, he declares that "we are all, of course, liable to be in error, but I think that my note-book is more accurate than Da Costa's memory." The question has thus resolved itself into one of veracity, and our readers will not hesitate, even in view of the effrontery of Miller's re-affirmation, to decide on whom they will believe.

The enterprise of Miller is further illustrated in connection with a recent book on Practice, which he has just issued. In his advice to us that he had sent a copy for review and notice he naively remarks, in connection with certain instructions as to matters of detail which he wishes to have elaborated: "Write a notice that will make it sell." The sublimity of the cheek as revealed in this stroke of publisher's enterprise aroused our profoundest admiration. We feared we could not do the matter justice, and therefore, rather that attempt to further the sell, we returned the book with the wrapper unbroken. The author has been unfortunate in his selection of a publisher of such characteristics. Will publisher Miller kindly do us a favor and not send us any copies of his publications in future? Likewise also his reports of lectures? His remarkable enterprise is, we fear, not properly appreciated in this western longitude.

LEPROSY IN THE UNITED STATES.—There have appeared from time to time during the past few years vague rumors of impending danger from the introduction into this country of that loathsome disease, leprosy. It was one of the grounds on which was raised the popular cry "the Chinese must go," and, indeed, the acquaintance on the part of the medical profession being chiefly from the scant literature on the subject, as it is contained in Holy Writ, there has been an undefined dread of it even among physicians. Something like a dozen cases have been unearthed among Caucasians in the United States, and although the evidence on the point is far from conclusive, the common belief is that the disease, as it exists here, is of Mongolian origin. The existence of these cases taken in connection with a belief in the contagious nature of leprosy, must be a standing cause of anxiety. It is, however, by no means an indisputed fact that the disease is contagious, as witness the following extract from a communication to the State Department from U. S. Consul E. H. Plumacher, at Maracaibo, and reproduced in the Sanitarian for February 1st:

"About seventeen years ago a woman was admitted to the Lazaretto (an island for lepers) who has ever since suffered with elephantiasis of the most marked character. She was accompanied by her daughter, a child of three years of age, who has constantly resided on the island in daily intercourse with her mother, and who is now her regular attendant. This young woman, now twenty years of age, has as yet no symptoms whatever of the disease, having a perfectly clear cuticle and complexion, and being in all respects in a healthy condition, with very attractive features. It is very possible that she may be ultimately afflicted; but if so, it will be from hereditary taint, and not from contagion. Other examples, more or less similar, could be cited, but this one will serve to sustain the theory."

Dr. J. V. Shoemaker, (Medical Bulletin) in the course of remarks on a case of leprosy which was brought to him for treatment from the Sandwich Islands, declares that the weight of opinion gathered from authorities is to the effect that the disease is not contagious in the ordinary sense of the term, and can be communicated only by inoculation. In the case under consideration the patient admitted excessive and indiscriminate venery from which he had probably contracted the disease. He had come to this country on the advice of two intelligent physicians of Honolulu, who, from the experience with the disease as it prevails on the Hawaiian Islands, did not believe that he would endanger any one by his trip.

THE CODE OF MEDICAL ETHICS.—This perennial question of medical ethics has received the most considerable agitation for many years, in the late action of the New York Medical Society in re-affirming its position in the matter of meeting practitioners who may have special and peculiar conceptions of the action of medicine. This action is all the more

significant from the fact that the indications are that it is intended by those who took the lead in securing it, to be but preliminary to an attempt, which will be made at the next meeting of the Society, to abolish entirely all codical restrictions, thus placing the practice of medicine on the same footing in this regard as all the other callings of men. We believe there is a by no means insignificant number of physicians who regard the code not only as useless, but also as positively narrowing in its influence and favoring hypocrisy and deceit. These argue that a physician may be a paragon of ethical propriety, and at the same time be guilty of conduct against which the instincts of a gentleman would indignantly rebel. If this be true, wherein lies the value of the code? We venture the statement that of the 75,000 practitioners of medicine of this country, not ten per cent. have ever read the code of ethics of the American Medical Association, and that not five per cent. even of the ethically correct in their deportment towards both the public and their brother practitioners, remember enough of it to be of the slightest possible value to them as a guide to conduct. Certain it is that as a guide to the every-day conduct of the physician, it is as if it did not exist. The gentleman does not require it, and he who is not a gentleman can utilize it to cloak his rascality. One of the greatest sticklers for the code whom we know, is notoriously unfair towards his brother practitioners, injuring them by inuendo, and robbing them of their patients when he can.

Correct medical conduct requires more than can be formulated in words. It requires that rare admixture of regard for others, self-respect, charity and magnanimity which goes to make up the gentleman. No code can define the constituents of this admixture, and any code which cannot define it is useless and in many respects injurious. Better than such a code is the unwritten and indefinable law which defines a gentleman. If physicians were absolved from the obligations of gentlemen and required only not to violate the code of ethics of the American Medical Association, the profession of medicine would soon cease to be the honorable calling that it is.

THE QUALIFICATIONS OF A HEALTH OFFICER.—The following definition of a successful health officer, copied from the Medical News, of Philadelphia, is respectfully submitted to the consideration of appointing powers wherever found:

The rapid advance in sanitary knowledge, and, as a consequence, the more exacting demand for a careful and wise administration of sanitary law, requires a rigid scrutiny into the qualifications of all executive officers of health. So varied and responsible are the duties entrusted to the health officer of a large town or city, that without special knowledge and training, and good administrative ability, the holder of the position cannot successfully discharge the obligations of the trust. Recognizing the soundness and wisdom of this principle, the local government of England has long since required that all health officers shall be medical men, who, by education and training, are especially fitted for the work of investigating the causes and prevention of diseases, the management of epidemics, supervision of sanitary inspections and the intelligent administration of the laws of health.

It happens too often in this country that the position of health officer is one of political reward, without consideration of personal and professional qualifications. The result is an inefficient, haphazard and automatic execution of the laws, and a failure to judiciously and efficiently carry out the duties of the office through ignorance of the fundamental principles of public and private hygiene.

A health officer should be an experienced sanitarian and a physician of thorough education. He should be capable of advising the sanitary authorities in all matters affecting the health of the people, and he should be competent to intelligently inquire into the causes, origin and distribution of diseases, to ascertain to what extent they are capable of removal or mitigation, and to make use of all the means at his disposal for the preservation of the public health. He should give his entire services to the position; he should receive a liberal compensation, and should have the assurance of remaining in office so long as the duties of it were judiciously and efficiently discharged. The present uncertain tenure of office is a bar to an eligible appointment, as none but a professional office-seeker is willing to throw aside the advantages of a permanent avocation for an office of uncertain tenure.

GIANT CULTURE.—It is, we believe, generally conceded that the first few years of an animal's growth determines very largely the size to which it is destined to attain. In the matter of poultry, for instance, it is impossible to raise large stock from chickens the growth of which has not been encouraged to its utmost, during the first months. Breeders of all sorts of stock all recognize this fact and it is a fact scarcely less apparent in the case of the human animal that the best men physically are such as have been well cared for, and whose growth has been encouraged or stimulated during early childhood.

A Dr. Tarnier, of France, is said to have devised a means whereby the growth of infants may be stimulated in a most remarkable manner. The apparatus is after the model furnished by that employed in the artificial incubation of eggs. He has employed it chiefly in caring for foundlings and premature children, by the large percentage of deaths among which classes he had been much annoyed. It consists of a box covered with glass, furnished with a woollen bed and kept at a temperature of 85° F. by the aid of hot water. The viable child placed in one of these boxes is said to thrive most wonderfully, the most miserable looking little creature soon commencing to grow apace. The contentment of the infant is shown in the fact that it seldom or never

eries and has generally to be awaked in order to feed it. Dr. Tarnier is said to have forced the growth of children in this manner, to such a degree that at the end of six months they have weighed 84 lbs.

If the above device be all that is claimed for it in the way of preventing mortality among infants it is a grand invention viewed simply in the light of its immediate results. It, however, suggests something astounding in its possible effects on the race. If subsequent size bears the relation, usually credited, to the size attained during the first few months or years of life, we have in Tarnier's apparatus the possibilities of the rehabitation of the world with a race of giants. Whether Tarnier's artificially nursed infants will attain a subsequent growth proportionate to that attained during the first few months remains, of course, to be seen. In the meantime the apparatus can be employed for its valuable immediate results.

Soluble Stools After Perineorrhaphy.—At a recent meeting of the Obstetrical Society, of Philadelphia (reported in the Medical and Surgical Reporter) Dr. William Goodell reported a case on which he had operated, for the relief of lacerated perineum, upon an insane woman, who had been sent to him for that purpose from an asylum. Her insanity commenced after labor, and was probably due to a complete laceration of the perineum, extending two inches up the rectum. It had always been his habit to prevent any action of the bowels during the first week after the operation. This patient, soon after coming out from the influence of the anæsthetic, tore off the bandage from her knees, removed the catheter, and by severe straining efforts, secured a movement from the bowels. As she could not be controlled, laxatives were given to secure liquid stools and avoid straining. The patient walked freely about the ward from the day of operation. The doctor expected the operation to be a failure under such circumstances; but to his surprise, on removing the sutures he found that in the rectal portion and the important part of the perineum, union had taken place.

His attention has been called by this case to the question of the advisability of keeping the bowels constipated after this operation. He intends to try the effect of laxatives in future cases.

Dr. R. P. Harris reported the case of a woman who, after the operation of perineorraphy, would strain, and her efforts at defecation opened the wound to nearly its original extent. In a second operation on the same patient, the bowels were kept free and union was perfect.

Dr. E. E. Montgomery, after operating for lacerated perineum, does not use a catheter, but allows the patient to pass her water, as he does not consider healthy urine disadvantageous for a wound. He has been in the habit of using compound liquorice powder to keep the stools liquid. He has had good success in both primary and secondary operations upon the perineum where the rectum was involved.

The Salicylates and Hæmorrhages in Enteric Fever.—Dr. James Fergusson, of Perth, writes (British Medical Journal): "At the time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hæmorrhages from the bowel raised the question, could the salicylate be favoring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hæmorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above mentioned institution, D. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hæmorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers."

Peculiar People.—The Medical Times and Gazette thus pays its compliments to a class of peculiar people whom most of us will readily recognize: The fanatical sect amongst ourselves that trusts entirely to prayer and anointing with oil for the cure of all manner of diseases, is quite impartial in the application of its tenets; but it would seem that there are peculiar people in other lands who do not possess the courage of their convictions in that full degree which is necessary to insure their universal observation in practic. Faith and inunction, they say, is good enough for women and children, but in the case of the lords of creation a little medical science is desirable. This would appear to be the attitude taken up by that blighted patriot Arabi, who is now kicking his heels in Ceylon. He informed the reporter of the Ceylon Times, who had an interview with him recently, that for himself, in the event of illness, he was quite

prepared to be attended by European medical advisers. "But, as for the women and children," he added, "well—that was quite another thing. They never took medicine. God was good, and they would, when ailing, get well by His mercy." Arabi's reasoning inevitably conducts to the conclusion, either that he is himself outside the range of God's mercy, or that that mercy, while sufficient for women and children, is inadequate in the case of a male adult, and requires to be supplemented occasionally by a little blue pill and black draught, or other human inventions.

THE INFLUENCE OF ALCOHOL IN THE CAUSATION OF INSANITY.—In a paper read before the sanitary convention held at Pontiac on the 1st ult., Dr. H M. Hurd, medical superintendent of the Eastern (Mich.) Asylum for the Insane, read a paper in which he argued to show that inebriety in parents is a frequent cause of the insanity of their children because drunkenness produces a transient insanity even in a healthy brain. Chronic drunkenness produces organic brain diseases bringing in their train, impairment of the memory, inactivity of the reason, a weakening of the will and a loss of the natural affections; also moral perversions of vicious propensities, and finally unmistakable diseases of the mind and nervous system—all of which are capable of transmission to children.

That the children of inebriate parents inherit diseases such as epilepsy, hysteria, chorea and idiocy or if not actual diseases, nervous symptoms which are abnormally responsive to every form of disturbing influence and easily disordered.

That between the ages of twenty and forty-five insanity is liable to be developed in the children of inebriates and that insanity of this type is recovered from imperfectly or not at all.

And finally, that however much people may differ as to the expediency of "prohibition," so called, in the present state of public sentiment, there should be no difference of opinion among thinking men as to the right and duty of the state to take strenuous measures to prevent the transmission of an inebriate heredity to children.

HOUSE SANITATION.—In a recent lecture by Mr. Burton, the chief inspecting engineer of the London Sanitary Protection Association, were given some statistics of frightful suggestiveness to the people of American cities. We have no reason to believe that the sanitary condition of houses in this country is a whit better than that noted as existing in London:

In the two years during which the association has been in existence, he and his assistants had inspected 523 houses. In twenty-nine of these they had found the drain entirely stopped up, no communication at all with the sewer, and all the foul matter sent down the sinks and soil-pipes being simply deposited under the basement of the house. In 166 houses they found the soil-pipes leaky, allowing sewer gas and, in many cases, liquid sewage to escape into the house. In 194 houses the overflow pipes of the cisterns were led direct into the drains or soil-pipes, thus allowing sewer gas to pass up them and contaminate the water in the cisterns, as well as pass freely into the houses. In 357 houses, or about three-fourth of those examined, the waste pipes from sinks and baths were found to be connected directly with the drains, allowing the sewer gas to pass up them, instead of being led outside the house, and made to discharge over trapped gullies in the open air, so that nothing could pass up them except air.

THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY.—The National Association for the Protection of the Insane and the Prevention of Insanity is out with an appeal to the medical colleges to create a chair or lectureship on psychiatry. It gives the following cogent reasons for such creations:

Since the incipient stage of mental disease must always be passed under the observation of the general practitioner before the patient be definitely committed to the expert as insane, it is extremely important that a knowledge of such diseases be widely diffused throughout the profession.

Usually the diagnosis of insanity is incorrectly or imperfectly stated in medical certificates; and a rational attempt to treat the case at home is not made, because the physician shrinks from assuming a responsibility for which he has never been prepared.

Medico-legal cases are often complicated and rendered obscure by the ignorance of the physicians who are called to testify in regard to them.

Many cases of impending insanity are allowed to progress, when an adequate knowledge of the subject might have enabled the family physician to ward off the catastrophe.

A training in psychiatry would, in our opinion, enable the general practitioner to more successfully treat the mental symptoms exhibited by many patients not actually insane.

We believe that the time has come when in this country no course of medicine should be considered complete without attendance upon lectures and clinics on mental diseases; and that no student should be allowed to graduate without passing an examination in psychiatry.

CONTAGIOUS PNEUMONIA.—The sad death of Dr. George M. Beard, and that of his wife in a few days following, the cause in each case being pneumonia brings up again the question of the contagiousness of this disease, a question which has been discussed from time to time. Dr. Coulthard, of Fredericktou, N. B, reports (Canada Lancet) two cases in which the second is supposed to have contracted the disease from the first. The following deductions are drawn from a detailed clinical history:

Here, we have the history of two cases of lung in-

flammation in the same house, pursuing a very similar course, and each terminating fatally—the one within six days of the other. Both persons were rugged and healthy; and though 73 years of age, time did not bear heavily upon them. There was nothing in the location or surroundings to suggest a septic influence at work. A granddaughter, 8 years old, was the only other occupant in the house. I cannot conceive that the sickness and death of the husband was a mere coincidence. Following so closely upon that of the wife there must have been some contagious or infectious agent in the case, and no other solution appears clearer to me than this: That from the breath or expectoration of the wife, as she was tenderly cared for by the husband alone during the first three days of her illness, some noxious principle gained entrance to his system, setting up the train of symptoms described.

COMMENCEMENT EXERCISES.—The annual commencement exercises of the Detroit Medical College and the Michigan College of Medicine, were held respectively, on the 28th ult., at the Detroit Opera House, and on the 5th inst., at Whitney's Grand Opera House. As evening entertainments both were exceedingly enjoyable events, the music, flowers, addresses, and so forth, being all that technique, taste and ability could supply. The Detroit Medical College conferred its degree of the doctorate on thirteen graduates, and the Michigan College of Medicine gave twenty-eight young men entree into the ranks of "the most ancient and honorable of the vocations of men." In each instance receptions followed the exercises, and the older men mingled with the younger around the festive boards, and all was merry as the proverbial marriage bell, no thought of indigestion ever arising to prevent the demolition of the greatest possible quality of the caterer's ample provision of the substantials and the delicacies of the season. Joyous commencement nights!

The addresses at the Detroit were delivered by C. A. Kent, Esq., and Professor H. O. Walker, and those at the Michigan by Rev. Dr. Rexford and Professor J. B. Book. They were more than usually felicitous, and the usual congratulations and nice things which are said, were said in such words as vested them with an air of freshness.

CHLORAL HYDRATE IN DIPHTHERIA.—Dr. S. C. Van Antwerp, Vicksburgh, Mich: In a recent number of THE MEDICAL AGE, Jan., 1883, a question is asked in regard to local use of chloral hydrate in diphtheria.

A medical friend told me several months ago his experience with it, and says: "I have used it for several years and although I do not find that it causes the membrane to disappear any more rapidly, yet it gives much and immediate relief to the painful sensations in the pharynx." He uses from 15 grains to 1 drachm of the chloral to the ounce of water. The antiseptic qualities of the drug have been recognized for years and theoretically it should prove of value in the manner specified. The American Journal of Medical Sciences, July, 1875, gives an interesting account of its use in the preservation of anatomical specimens and its value is unquestionable.

As a solvent for chloral I should use glycerine or alcohol and should expect thus to increase its antiseptic qualities.

One caution to be observed is that the solution should be made weaker as the membrane becomes less dense. In its application it does not cause the discomfort and even pain which often attend the use of the more astringent drugs.

A NEW SOURCE OF ILLUMINATING GAS.—It may be remembered that a correspondent of one of the predecessors of the AGE in referring to electric pads and devices, suggested an attachment whereby the fæcal excrements might be disposed in a manner which should obviate the loss of time and inconvenience attaching to the method instituted by nature and generally in vogue. The suggestion was, it would seem from a recent invention, not as wild as it was at the time supposed to be. The invention referred, is by an ingenious German. According to it the excrement is placed in a retort, where it is not only dried, but decomposed by heat, the chief products being a light-yielding gas, carbonic acid, tar, oil and ammonia. The tar and oil are separated as in ordinary gas works, the gases washed by passing through water, the carbonic acid fixed and the gas purified for use. There remains in the retort the ash constituents with a portion of the carbon, which the inventor calls coke. We are informed that there is a hotel in Breslau, Germany, which is already lighted by gas from this source. Verily there is nothing which need be wasted.

MARRIAGE AND THE MICROSCOPE.—The extremes to which microscope cranks are liable to go receive an apt illustration in the following, quoted from Heitzmann's Microscopical Morphology:

Marriages should be allowed, in doubtful cases, only upon the permit of a reliable microscopist. Last season a young physician asked me whether I believed in the marriage among kindred. He fell in love with his cousin and so did his cousin with him. I examined his blood and told him that he was a "nervous" man, passing sleepless nights, and had a moderately good constitution. The condition being suspected in the kindred lady, marriage was not desirable for fear that the offspring might degenerate. So great was his faith in my assertions that he gave up the idea of marrying his cousin, offering her the last chance, namely, the examination of her blood. The beautiful girl came to my laboratory and, very much to my surprise, I found upon examination of her blood a first-class constitution. The next day I told the gentleman, "You had better marry her."

TURPENTINE IN DIPHTHERIA.—A German apothecary, R. Nümch, of good reputation among those who know him, reports that in the case of his own seven-year old daughter a teaspoonful night and morning of oleum terebinthinæ purificatum, effected a cure of diphtheria. Others who have observed the action of the drug report that its effects are wonderful, a bright redness beginning to spread from the margin of the exudation within half an hour after its administration and, becoming generally diffused takes the place of the false membrane in twenty-four hours. Although its effects are most marked early in the disease it is said to be also valuable, although acting less quickly, after several days have elapsed. It may be mixed with tepid milk. The dose for an adult is a tablespoonful. The remedy is certainly a simple one and tried early in the disease its employment need not prevent other treatment if it fail.

A CHOLAGOGUE FORMULA.—Dr. Blackwood publishes in the Medical Times, Philapelphia, the following formula, which he has found very serviceable in many a stubborn case of dyspepsia that had run the gauntlet unavailingly of all sorts of peptonoids. It is also, he says, an admirable cholagogue ou general principles. It is certainly correctly based on the physiological action of its base and adjuvants as demonstrated by the experiments of Rutherford:

℞	Cinchonidiæ sulphatis	
	Euonymiu	
	Leptandrin	
	Iridin	
	Juglandin	ää ʒ ss
	Podophyllin	
	Ext. belladonnæ	
	Ext. nucis vomicæ	
	Ext. hyoscyami	ää gr. x.

M. ft. mass. et div. in pil. no. lx. Sig. One or two at bed time.

WANTED, A CATHARTIC FOR INFANTS.—Dr. J. A. Postlewait, of Tarkio, Mo., writes that during the past winter he has had a number of cases of constipation occurring in infants in which the results of his treatment have not been satisfactory. He employed castor oil and injections *ad libitum*, and tried also cascara sagrada, fluid extract and cordial. He would be pleased to hear from the readers of the AGE of some plan of treatment which is successful.

Certainly coustipation in the infant is sometimes very troublesome and rebellious to treatment. We have found in our experience that pepsin by facilitating digestion is usually the most valuable agent. To a child a year old I give from three to five grains of the saccharated pepsin in solution with two drops of dilute nitro muriatic acid, three times a day. As a direct laxative, give rhubarb and bicarbonate of soda.

Any further suggestions?

THE DANGERS OF FUNERAL ICE BOXES.—The Sanitarian: Funeral ice boxes and their dangerous use have very properly attracted the attention of some health authorities, and we are glad to learn that a petition to the National Board of Health is in circulation for the exercise of its influence for their prohibition. While the ostensible purpose of the ice box is to prevent the spread of contagion from the bodies of persons who have died of contagious diseases, the wood of which they are made becomes iufected by use, and they thus become the means of spreading the diseases which they are meant to prevent. There can be no question as to the far greater safely of air-tight metallic caskets, or where these are uot used, iu the more common use of well-known antiseptics and disinfecting fluids, which should wholly displace the dangerous ice boxes at funerals.

THE INDEX MEDICUS.—The publisher of this invaluable periodical is out with a circular appealing to the profession for increased support and hinting at the alternative of suspendiug its publication. The suspension would not only be a serious loss to the medical profession, but it would also be a serious reflectiou on it. We trust the appeal will meet with a sufficieut response to obviate this necessity. For two years the Index was published at such a loss as must have compelled its suspension at the end of that time had not a number of generous physicians, who were fully alive to the importance of the journal, pledged themselves to make up by contribution any deficit. These gentlemen have fulfilled their guarantee for three years, but the journal is not yet on a paying footing and it would be too much to expect them to keep up their contributions indefinitely. The publisher now appeals to medical societies, and estimates that if each medical society of the country subscribed for a copy the journal could be published without loss. We sincerely hope the societies will respond, as it would be an irreparable loss to have this publicatiou suspended. Subscription price, $6.00. Address F. Leypoldt, 13 Park Row, New York City.

CALOMEL IN LARGE DOSES IN DIPHTHERIA.—Dr. P. P. Shorts, of Ludington, Michigan, contributes to the Therapeutic Gazette a report of four cases of diphtheria, of the true glandular variety, in which death was apparently averted by the exhibition of large doses of calomel, after the manner recommended hy Dr. Reiter, viz., teu grains every hour to a child four years of age, until the tongue and skin become moist, even until half an ounce has been exhibited. His experience corroborates that of Dr. R. in so far as the doses caused no untoward catharsis or emesis. This report will have the effect of creating a sufficient confidence in these large doses of calomel so frequently repeated, to lead to its trial by those who, while noting the uselessness of the remedies usually given, have not been able to summon the courage necessary to resort to it. Dr. S.

observed that after about twelve hours the membrane took on a creamy consistence and no longer organized into the tough patch.

Popcorn in Vomiting of Pregnancy.—Dr. Wallace, of Cambridge, N. Y., reports (Medical and Surgical Reporter) a case in which vomiting in a pregnant woman continued in spite of the exhibition of the whole list of anti emetics in such cases prescribed, even to cauterization of the os and dilatation of the cervix, and which was relieved by eating freely of pop corn. He maintains that the corn should be popped in a wire popper and not in a spider with grease as is sometimes done. No attempt is made at explanation and the doctor contents himself with a plain statement of the naked fact.

Turpentine Gargle in Bleeding Tonsils.—One of the dangers of excision of the tonsils is hæmorrhage, not from wounding of the jugular or carotid (accidents which can only result from carelessness or stupidity), but from the parenchyma of the tonsil, the vessels of which are enlarged through the prolonged congestion which is the cause of the hypertrophy. We recall a case in which such hæmorrhage was sufficiently severe, in spite of astringent applications and cold, to occasion considerable apprehension. Erichsen recommends a gargle of turpentine in such cases, and Prof. Ashhurst adds his testimony in support of the recommendation, in a clinical lecture reported in the Medical Bulletin.

Iodoform as a Vermifuge.—Dr. Schildowsky (St. Petersburgh Med. Woch.) has found that iodoform is destructive of round worms in the intestines. He has employed it successfully in three cases, and with results which warrant him in asking for it a further trial. The adult dose as given by him is one grain with ten of bicarbonate of sodium; for a child the dose must be reduced in accordance with the usual rule

Leucorrhœa in the Pregnant Woman.—A subscriber suggests as a subject for discusssion in the columns of the Age the "Causes and Treatment of Leucorrhœa in the Pregnant Woman." We second the suggestion and should be pleased to receive contributions on the subject. The affection is a troublesome one, and the general impression is that it is not safe to check the discharge, the danger of abortion or miscarriage being likely to follow. Is there such danger? Who has any facts bearing on this question?

Genius, Talent and Industry.—In the course of a very interesting address published in the Weekly Drug News, February 10th, Mr. Richard W. Giles gives the following admirable definition of genius, talent and industry: "Genius is a living organism, instinct with its own life, performing its appointed functions spontaneously, as of necessity. Talent is an elaborate engine, skillfully devised to move many wheels and to perform divers works, but wanting the motive power. Industry is the motive power."

The following story of Sir James Paget is going the round of the newspapers. The well-known surgeon has a country house in Kent. A few days ago, as he was out walking, he witnessed a serious accident. Two men were driving in a cart, when one of them fell out, and, the wheel passing over him, broke his leg. Sir James, with a kindness which belongs to his profession, had the man lifted into the cart, and proceeded to do what was required to be done. In the meantime the poor sufferer's companion hurried off to the local medico, whom he addressed in this fashion: "Please, sir, Bill has been and fallen out of the cart and got his leg broke; there's an old cove a-pulling of him about, but I can see he ain't up to much, so I want's you to come at once, sir, 'cos Bill's wery bad." The doctor hastened to the scene, and discovered at once, to his surprise, that the "old cove" was Sir James Paget, who in the interim had improvised some splints and bound up the leg with a copy of the Times newspaper.

Now that the Kingston faculty has come down off its high horse and so treated with its students that the latter have gone back to their places, it delights itself in accusing other schools of a desire to take advantage of it in its day of tribulation, and compliments are flying thick and fast in our Canadian contemporaries. We regret to see that some of our American exchanges have seen fit to meddle in the quarrel, and in very intemperate language. It is a home fight, and if outsiders must take a hand in, justice demands that they should first have acquainted themselves of the true inwardness of the case. This, one, at least of our esteemed contemporaries, does not appear to have done.

The Peoria Medical Monthly: The Medical Age has an editorial in a late issue on the medical advertising agent. It puts some sober truths in a wholesome manner, and suggests the subject as a topic for the consideration of the Medical Journal Association at its next meeting. We have not been beset by many of these gentry, or had any trouble with them. The reason has been that we have refused to have anything to do with them, unless they accede to our terms. We believe in doing business directly with the advertisers, and lose no opportunity of convincing them that they get better rates by dealing directly with us. We hope the subject will be fully discussed and settled by our contemporaries.

The following anecdote of Abernethy is being told: Being actively engaged in inserting a cervical seton in a "noble patient" who had requested that this be done, the patient exclaimed: "Sir, you give me excessive torture; will your seton do good?" "No, sir," said Abernethy. "Then why do you insert it?" screamed the victim. "Because you told me to do so, and I will get five pounds for my work."

A young M. D. who had worshiped from afar, was suddenly called one day to see his enslaver professionally. Happily, (for her) he found nothing serious to be the matter, and in the honesty of his great heart told her so. "But," Miss D. "you lack the one thing necessary." "Pray, what is that?" "You should be married," blurted out the swain. "Married! Why, doctor, who would have me?" Throwing himself violently on his patellæ. "I will. Oh, be mine." "Well, doctor," she murmured like a dying zephyr, "if that is the fearful alternative please depart and let me die in peace."

The Medical and Surgical Reporter says that the difference between a druggist and a farm laborer is that one is a pharmacist while the other is a farmassist. If such puns are to be allowed we would submit to our contemporary that there is a combination of letters in the compound word which is remarkably suggestive of something funny, but which we have not time to elaborate.

The reception given on the evening of the 2d ult. by Dr. J. O. Shoemaker, of the Medical Bulletin, in honor of Drs. John L. Atlee, of Lancaster, Pa., and Alexander J. Stone, of St. Paul, Minn., president and first vice-president, respectively, of the American Medical Association, is reported to have been a very elegant affair. Among those present were many of the leaders in the profession, not only of Philadelphia, but also of New York and other cities.

The next sanitary convention under the auspices of the Michigan State Board of Health will be held at Reed City, on the 26th and 27th proximo. Dr. E. S. Richardson is the secretary of the local committee. Arrangements have been made for a good supply of papers on subjects of interest in connection with sanitation. These conventions are very efficacious in directing public attention to questions of hygiene. Parties desiring to attend the coming meeting may secure reduced railroad fare through the local secretary.

A prince of science having been called to see a sick child, prescribed for it, and on his visit the following day is surprised to find the family in tears. "My poor child!", sobs the mother "I never thought he would have died of croup." "Of croup," echoes the doctor, "do you mean to say the child had croup? Why didn't you tell me?"

Dr. W. F. Breakey, of Ann Arbor, is member for Michigan of the committee on necrology of the American Medical Association. He desires that members of the profession in this state, report to him any deaths of physicians occurring in their neighborhoods during the past year.

The next number of the North American Review will contain an article by a prominent Canadian, giving the reasons for the growing feeling in the Dominion in favor of annexation to the United States.

The interest of the Breant cholera prize has, we are informed, been awarded for the past ten years, by the Paris Academy of Sciences, to M. Colin for a book on epidemics.

A western student after hearing Dr. Morrell Mackenzie's recent lecture at Bellevue, remarked that "that feller talks our language very well for a foreigner."

There are 10,500 insane locked up in asylums in the State of New York, and the number at large must be very much larger, if we include the cranks.

There are nine general and seven special medical journals published in New York city. Four are weeklies, seven quarterlies, four monthlies and one bi-monthly.

A Treatise on the Science and Practice of Medicine, or the Pathology and Therapeutics of Internal Diseases. By Alonzo B. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine and Clinical Medicine in the University of Michigan, etc. Volume II.
New York: G. P. Putnam's Sons.
Detroit: John MacFarlane.

We noticed the appearance of the first volume of this work in the Michigan Medical News, in which notice we indicated in general terms our opinion of it as a whole. The second volume furnishes us with no reason why we should change the opinion then expressed. It is devoted to Diseases of the Respiratory System, Diseases of the Circulatory System, Diseases of the Urinary Apparatus, Diseases of the Brain and Nervous System and Parasites. The volume reveals great industry expended, however, rather in consulting the works and incorporating the observations of others, than in original research. The author gives us to understand that he is not a pathologist in any other sense than that he has familiarized himself with the work of others as they have contributed them to science, work which he evidently regards as common property, inasmuch as he, in spite of his declaration that it is not his own, fails to accredit with the fidelity which characterizes the German compilers, for instance. Probably the fact that the symmetry of the work would have been marred by voluminous foot notes accounts for the lack of credits. It does not appear either that he has done much original work in connection with any of the other divisions of medicine, as, for instance, etiology, symptomatology, etc., or if he has, he has been remarkably fortunate in his results, as they coincide very closely with those as noted by other authors.

It is in therapeutics that Dr. Palmer claims to be original, the *raison d'être* of the work being indeed the alleged fact that the works on practice as written by European authors, and authors of our eastern cities, New York and Philadelphia, are not properly adapted to western practice. The question suggests itself right here, if a book written in New York is not a proper guide to practitioners of Michigan, is a book written in Ann Arbor a

proper guide to practice further west? A careful examination of the work fails to reveal any such difference in the methods in which diseases are treated by Dr. Palmer and by other authors, as would justify the statement that there exists any great difference in the therapeutic necessities of the same affections as they occur under the different degrees of longitude in this country.

The most lenient eye could not fail to note the singular conglomeration of bad English and worse Latin which frequently characterizes the prescriptions. It would have been better had the author, even though he be an LL. D., stuck to the vernacular throughout. Our A. M.'s and LL. D.'s are apt to get very rusty in their case endings.

Viewed as a whole Palmer's Practice may be pronounced a good work for the general practitioner, even though it does not fully meet the expectations which the announcement with which it was heralded, or the author's preface, justified. Book making to be a success requires a variety of qualifications on the part of the author. Most authors lack some of these and it is no disparagement of Dr. Palmer to say that he is also deficient in some of them. His fault has evidently lain in not recognizing wherein he is weak, so that he might secure the necessary justifiable assistance at such points. No man is expected, in these days, to be an Admirable Crichton and he is weak who assumes that this is expected of him. In spite of its defects, which are of such a nature as not to really injure the work, it is such a treatise as we should not hesitate to recommend. Regardless of their sources the statements are such as the author's long years of observation must have given him the opportunity of verifying.

A Dictionary of Medicine, including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to Women and Children. By various writers. Edited by Richard Quain, M. D., F. R. S., Fellow and late Senior Censor of the Royal College of Physicians; Member of the Senate of the University of London; Member of the General Council of Medical Education and Registration; Consulting Physician to the Hospital for Consumption and Diseases of the Chest at Brampton, etc.
New York: D. Appleton & Co.

This is a work of 1,816 octavo pages. Its scope is indicated in the title as reproduced above. The subjects are arranged alphabetically, as in a dictionary, and thus the necessity of an index is obviated. It is so complete in its contents that we have not failed to discover in it any subject belonging under the general divisions of medicine noted. The size of the work and the arrangement and size of the type employed (double-column, brevier), moreover, permit of a very full consideration of each subject. It will thus be seen that the book is practically a medical library on the most varied subjects, compressed into one large volume. To give a conception of the fullness with which subjects are discussed, take, for instance, scarlet fever, to which seven pages are devoted; physical examination, treated in fourteen pages; diseases of the pancreas, six pages; expectoration, one page; pulse, three and a half pages; rheumatism, twenty pages; and tongue, seven pages. The contributors comprise the leading names among contemporary English and continental authorities, as, for instance, Aitken, Barnes, Bastian, Binz, Bristowe, Brown-Sequard, Carter, Cobbold, Duncan, Farquharson, Holmes, Hutchinson, Jenner, Murchison, Paget, Pavy, Playfair, Roberts, Thompson, Tuke, Wilson, etc.

The work has occupied several years in its preparation, and the latest advances have either been incorporated up to the time of going to press, or embodied in the appendix. It contains 138 illustrations. A full review of a work of its dimensions would be impracticable in our space, but enough, we think, has been given to convey to the reader a conception of its nature and quality. It is unquestionably one of the most valuable books given from the press for very many years.

On Slight Ailments: Their Nature and Treatment. By Lionel S. Beale, M. D., F. R. S., Fellow of the Royal College of Physicians; Professor of Principles and Practice of Medicine in King's College, London, etc. Second edition.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John Willyoung.

This little book of 275 pages is supplementary to most of the systematic works extant on Practice. It deals with ailments which are not sufficiently well defined to warrant classification in accepted nosological lists, but which are, nevertheless, sufficiently troublesome to cause discomfort bordering frequently even on disease, as nausea, thirst, hunger, indigestion, constipation, biliousness, feverishness slight inflammation, etc. A chapter on the tongue, the guide furnished by it in disease, is alone worth the price of the book, the important subject being much more fully treated than in any text book on Practice with which we are familiar. Dr. Beale is a polished writer and a minute observer, qualities well displayed in the little book before us.

[Clinic at St. Mary's Hospital.]

Unusual Situation of a Scirrhous Pylorus.

BY THOMAS N. REYNOLDS, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, AND OF CLINICAL MEDICINE, DETROIT MEDICAL COLLEGE.

Gentlemen—I have been at a great deal of pains and some trouble, to keep track of a case of difficult diagnosis that appeared frequently at this clinic, one year ago. The seniors and juniors now, who were here as freshmen and juniors then, will remember a spare but hardy looking woman, æt. 37, with a very obscure tumor, about the size of a large orange, at the left of the umbilicus. Well, her history is over now, and I have obtained through the courtesy of Dr. Bennett, of the Wayne County Asylum, where she died, the result of the post mortem. This is his letter:

Office of the Wayne County Insane Asylum, Wayne, Mich., Dec. 15, 1882.

Dear Doctor Reynolds:

Yours received. Beg your pardon for not send

ing you the particulars of Mrs. Nelson's case long ago. Post mortem examination showed she had cancer of the pylorus, involving the whole of the lower fourth of the stomach. The stomach was much enlarged and dragged down, and the pyloric portion had adhered to the abdominal walls, to the left of the umbilicus, forming the little tumor felt on palpation in that region. For some time previous to her death she vomited most everything taken into the stomach, and at times it had the coffee grounds appearance; her pain steadily increased, and she had the peculiar cachexia so characteristic in cases of scirrhus of the stomach.

I hope you will find time to visit the County House and Asylum at no distant day. Shall be pleased to see you whenever it is convenient for you to come.

Very sincerely yours,
E. O. BENNETT.

She died in June, four months after she was at the clinic last, and two months after going into the Wayne County Hospital. We will recall briefly her history while here:

In August, 1881, she presented herself for what she and her friends thought an ovarian or uterine tumor. She was somewhat emaciated, with slight loss of appetite, and occasional severe paroxysms of pain in the tumor. The pain, as nearly as we can learn, was always accompanied, and probably produced, by extreme gaseous gastric distension, and was perfectly relieved when gas was all eructated, or passed downward into the bowels. Sometimes, after being in great agony, the gas would burst suddenly downward from the stomach with a great rumbling noise, giving immediate and perfect relief. There was vomiting occasionally, but only of food, or white glairy mucus. No hæmatemesis symptoms had begun the spring previous. She had had a stall on the market for years, and had drunk a good deal of spirits. The right border of the tumor was found an inch to the left of umbilicus, the lower border on a line one inch below, and extending nearly to the anterior superior spinous process of the ilium. It was slightly movable, and while movement or pressure toward the right side, caused very little pain, movement of it toward the left, or upward, hurt her very much. It was also somewhat nodular, solid, and dull on percussion. At every examination, there was what seemed to be gastric or colonic tympanitic resonance in all the abdominal region above it; a space of this resonance, four inches wide, being between it and the usual seat of such tumors of the pylorus. With these physical features, in a woman only 37, without cancerous cachexia, and with no gastric symptoms but those common in ordinary chronic gastritis, it never seemed possible to decide the tumor, whatever its pathology, to be one either of the pylorus or any other part of the stomach. The other possibilities were at each examination carefully considered. The uterus was very movable, normal in size and position, and the point of the sound carried into the fundus, was plainly felt through the thin abdominal wall quite below the tumor, and not disturbing it when moved in any direction. The median position of the uterus, and evident absence on bi-manual palpation, of any tumor in the pelvic or inguinal regions, excluded an ovarian origin. Movable kidney and enlarged spleen were considered, but these organs were found normal in size and position. It was entirely surrounded by tympanitic resonance, no bridge of dullness connecting it with any solid viscus. The contour was too abrupt and the tumor too well defined for peritoneal abscess, and there was no redness, fluctuation or pitting on pressure. The bowels had frequently been freely evacuated, and fæcal accumulation was excluded. Cancer of pancreas was excluded from its superficial feel, and low seat in the abdominal cavity. Aortic aneurism was excluded because there was no bruit heard, and no thrill or impulse felt, and the tumor moved slightly with respiration. It seemed clearly to arise from straight behind it and we finally decided it to be either cancer of mesentric glands or great omentum, which at times caused obstruction by compression of lower part of duodenum, or scirrhus or fibroid of pylorus, causing varying degrees of stenosis at the valve. It has now proved to have been the latter; and the firm inflammatory adhesions to the peritoneum over it, found at the post mortem, explain the pain and resistance, on attempting to return it to its normal position in the right side of the epigastrium. Up to the time she left here, there was no hæmatemesis of either fresh or decomposed blood, and so obscure did it remain to every one who saw it, that some proposed an exploratory incision. Of course, when coffee-ground hæmatemesis later occurred, cancer of pylorus became almost positive, notwithstanding its dislocation, and the woman's being a little under gastric cancer age. Her treatment was, as it nearly always may be in gastric cancer, the same as for chronic gastritis, or chronic gastric ulcer. It consisted in regulation of the diet, and alternating prescriptions to be taken before eating, containing in each one minim doses of acid hydrochlor. in bitter infusion, one minim doses of acid carbol. liquidum in water, and ten grain doses of bismuth. subnitras. Stenosis symptoms were prominent in this case, and beef tea in hot water was more generally tolerable and supportive to her than milk, with or without liquor calcis, or any other form of diet. Solid food of any kind nearly always decomposed and produced the painful gaseous distention that seemed to be her special dread. She liked hot whisky occasionally, and it seemed to agree with her. She was probably nourished very largely by direct osmosis to the gastric rootlets of the portal vein.

Ganglionic Diseases.

BY E. HALSEY WOOD, M. D., HERSEY, MICH.

This class of diseases is not (that I am aware of) recognized in any work on medicine. Diseases are classed according to their location in the different tissues and organs of the body, but as yet no medi-

cal writer has classified the diseases of the ganglia; chiefly, perhaps, for the reason that it is just beginning to dawn upon the medical mind that these portions of the nervous system are the primary seat of disease. According to this view, then, a ganglionic disease is one in which the primal lesion is a disorder of the ganglia—and to this definition may be added the qualifying phrase—and in which the succeeding phenomena follow each other in accordance with the ganglionic theory.

One disease has been accepted as belonging to this class, and there is the highest authority for the statement. In his "Address on Medicine," before the American Medical Association, on June 7, 1882, Dr. Oeterlony said: "The original investigations published during the last year, by Prof. Da Costa trace the morbid processes of Bright's disease to the deep recesses of the nervous system and establish beyond much doubt that the renal lesions are induced by structural changes in the great abdominal (renal?) ganglia of the sympathetic."

These investigations by Prof. Da Costa consisted in the post mortem examination of the bodies of a number of patients who had suffered from Bright's disease. In every instance the renal ganglia were found to have undergone structural change. Bright's disease of the kidney is, then, scientifically speaking, a ganglionic disease. Prof. Da Costa's results prove it. The highest medical authority in the land accepts it as a fact and notes it as a remarkable discovery. The renal lesions are brought about by the ganglionic lesions. I affirm that that is established beyond the shadow of a doubt. Furthermore, the ganglionic theory finds strong support and confirmation in the phenomena of this disease. The primal lesion is a disorder of the renal ganglia (ganglias-thenia), which is followed by passive congestion of the kidney. As the disease advances changes take place in the structure of the ganglia, which are the resultant effect of the precedent disorder. The character of the blood becomes altered in accordance with the kind of antecedent congestion. The three conditions, gangliasthenia, renal congestion and albumenæmia, follow each other in natural sequence and pathogenetic order.

The disease can no longer be called albumenuria with any appropriateness for that is only a symptom, not alone of this but of many diseases. Rightly interpreted albumenuria means albumenæmia which signifies congestion of the kidney and this naturally indicates disorder or disease of the renal ganglia.

The definition must then be modified thus: a ganglionic disease is one in which the primary lesion is a disorder of the ganglia which if not corrected will terminate in structural changes of the ganglionic tissue.

Now there are other diseases in which the ganglia have been found to have undergone changes. In typhus the abdominal ganglia have been observed "in a withered state of a shrunk and leather-like toughness, while their color has altogether disappeared or has altered to a rusty brown, yeast-yellow, fawn or slate-gray color."

But we are debarred by the present doctrine from tracing the morbid process of typhus to the "deep recesses of the nervous system," because, forsooth, those doctrines hold that typhus is due to a specific poison and the wasted ganglia of this disease is a consequence and not a cause. Either the renal ganglionic lesions are consequences then in Bright's disease or the abdominal ganglionic lesion of typhus induces the phenomena of that disease. But our highest authority asserts that renal lesions are brought about by the structural changes in the renal ganglia. By the same law then the morbid conditions of typhus are wrought by the affected abdominal ganglia, or else there is a specific poison that causes Bright's disease which remains to be discovered. The same may be said of exophthalmic goitre, in which the cervical ganglia are affected, or of milk sickness in which the solar plexus is involved, or of any of the ganglionic diseases in which there is congestion of the ganglia (hyperæmia of the nervous centres), which condition may in this connection be regarded as a structural change.

It is possible that these views are erroneous and that each disease of this class may be found to be caused by its specific bacillus It is possible, too, that some of the diseases which are now attributed to a bacillus may be shown to be ganglionic. For instance, the doctrine has been propounded that tuberculosis is due to a microphyte that has been impaled upon the object glass and whose likeness has been published. Now what more reasonable than the idea that tuberculosis is a ganglionic disease; that the destruction of lung tissue is a process analogous to the degeneration of renal tissue in Bright's disease, which is due to antecedent changes in certain pulmonic ganglia? The truth of such speculation may one day be confirmed by the careful investigation of some expert pathologist, who will do for tuberculosis what Da Costa has done for Bright's disease.

The ganglionic diseases are generally intolerant of opium, and do not yield to quinine. In them opium exerts none of its physiological influences, either as an anodyne or hypnotic, and they are amenable to quinine only when complicated with the element of periodicity, which, by the way, remains to be formulated.

The employment of all manner of so-called anti septics, to prevent the spread of the epidemic ganglionic diseases, has been proved to be utterly futile.

It has not been established that certain of them are either infectious or contagious, in the sense in which those words are employed to day.

A Remarkable Case of Impaction.

BY M. F. OSBORN, M. D., NEW CANAAN, CONN.

The history of the case is as follows: J. S., a man something over sixty years old, has suffered considerably at times with rheumatism. Was also disabled for a long time by having had a shock, from which he has never entirely recovered, although he is able to get about slowly by the aid of two staffs. He

has always been a very hearty eater, and at one time it is said that he opened and ate a half bushel of raw oysters; at another, a dozen ears of green corn (boiled on the cob), and I was told that it was not uncommon for him to buy a peck of round or hard shell clams, and sit down and eat until every one was gone, and raw at that.

In the early part of the evening of July 1, 1882, I was called to see the patient on account of his inability to micturate. I found him suffering very much, and I at once introduced one of Jaques' No. 9 soft rubber catheters, and got about a pint and a half of urine, which relieved him very much. Thinking that his bowels might be somewhat sluggish in consequence of the shock, and that retained fæces might help to cause his trouble, I advised a cathartic. I learned that he had already taken four pills of some kind, without getting a movement. I then gave him three of the U. S. P. comp. cathartic pills, with instructions to give three more if these did not operate in four hours, and then to use a syringe in case the pills failed to move him.

The wife thinking that an injection would do more good than the pills, proceeded to introduce the nozzle of the syringe, when she thought it felt as if it touched something hard, and at the same time noticing that the parts were red and swollen. She therefore, like the sensible woman that she was, introduced her index finger and drew out five cherry stones. This frightened her somewhat, and she immediately sent for me, and her son also went for Dr. Wm. G. Brownson, of this village. I was there but a few minutes when Dr. B. came. I then introduced the index finger of my left hand, and with a short polypus forceps, began taking out the pits, one or more at a time, as the forceps seized them. To avoid catching the folds of the rectum, I introduced the forceps against my finger with the blade closed. This was a slow and tiresome process for me, as well as painful to my patient. However, Dr. B. relieved me at times, until we had captured 225 pits. The patient was somewhat exhausted, and we decided to let him rest until morning, then etherize him, and get the remaining pits.

July 2d I again catheterized him. The anus and surrounding tissues were of a very dark color, from pressure and infiltration of blood. I was fearful that sloughing would take place. Nothing remained for us to do but to continue as we had done, and remove the pits or lose the patient. I therefore etherized the patient, while Dr. B. removed enough to swell the number to over 800 pits. Still they came, and the day following we again anæsthetized our patient. The discoloration had begun to disappear, but the parts had an angry look and a blister had formed in one place, as though gangrene and sloughing would set in. The friends thinking death was near, insisted that we desist from further torture. I assured them that he was unconscious of suffering while under the influence of chloroform (which I used this time), and that he would surely die if the pits were not removed; and that if they were, he might recover. This time we used a longer forceps and succeeded in removing all but five, which afterwards passed in the feces, making the whole number 993 pits. With the use of vasilene containing a little of the tr. of opium applied to the parts, and careful bathing, these soon regained their natural color, and our patient completely recovered. Shortly afterwards he went into the field and dug two and a half bushels of potatoes, which was more work than he had done before in years. He died of apoplexy in the fall following.

This case is, I think, of more than usual interest, because of the great accumulation of cherry pits; because of the fact that none of the pits happened to get into the appendix vermiformis, and because of the rapidity with which the tissues were restored after the pressure was removed. Before such removal it seemed as if the vitality of the parts was almost destroyed.

Chicken-Pox in the Adult.

BY P. S. ROOT, M. D., MONROE, MICH.

In your issue of February 10th, you call attention to "Chicken-Pox in the Adult," and having had some recent experience in positive confirmation of such possibility, I take pleasure in reporting the following clinical facts: In the course of my visits to an older member of the family, I was (January 17) requested to examine R. B., a girl of 11 years, who was feeling somewhat indisposed and mentioned an eruption on the body. On investigation I found a temperature of 101° and the typical papule of varicella, to which disease she had been exposed some two weeks previously. The eruption appeared sparingly and passed through its various stages without further constitutional symptoms. There were in the family a brother and sister (beside the girl alluded to), aged respectively 21 and 18 years. Neither of them had ever had the disease, so far as the mother could remember. Therefore, when my diagnosis was known, the brother, who was then suffering with a severe conjunctivitis, asked if the disease was contagious. Acting under the impression that the adult was not liable, I answered in the negative, stating that the brother and sisters could probably associate with impunity. This they did, and on February 1st, fourteen days from the appearance of the eruption on the younger sister, the remaining brother and sister developed genuine chicken-pox. The young gentleman was thoroughly covered with papules, and for a few hours previous to their appearance, the constitutional excitement was quite marked, his temperature running up to 102°, with considerable muscular pain, etc. These symptoms speedily subsided, leaving only the inconvenience of the eruption, its itching and an increased inflammatory action in eyes. In these cases the history is absolute, and demonstrates conclusively that chicken-pox may and does occur in the adult. The period of incubation of varicella has never been positively settled; yet from the above it would seem to be about fourteen days. The probable explanation of the infrequency of varicella in the adult lies in the fact, that from the very infectious nature of the disease, nearly all have it before arriving at maturity. At all events, I cannot see how there could be much hesitation regarding the differential diagnosis of chicken-pox.

The Medical Age.

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Death of Dr. D. O. Farrand.—The news of Dr. Farrand's death, which occurred at 4:45 on the morning of Sunday, the 18th inst., spread rapidly through the city and was the topic of discussion in all circles before noon, notwithstanding the fact that the morning papers, which went to press at an earlier hour, reported that he was resting comfortably and doing well. The doctor had been confined to his room for a few days with an attack of otitis, but up to a late hour on Saturday night, when meningeal complications appeared, no danger was apprehended, and the announcement of his death was a surprise and a shock.

Dr. Farrand was born in Ann Arbor, Michigan, April 23, 1838, and was thus cut off in the very prime of life. He pursued his medical studies abroad and at the College of Physicians and Surgeons, New York, from which institution he graduated in 1863, when he entered the regular army as assistant surgeon, in which he remained until 1866, when he formed a co-partnership with the late Dr. Zina Pitcher, of this city. During the greater part of the time of his connection with the army he was stationed here, where his family connections and social acquaintance were very extensive. The latter advantages, and the death of Dr. Pitcher in a comparatively short time after the formation of the co-partnership, combined with his remarkable personal popularity to introduce him into one of the largest, if not, indeed, the largest and most lucrative practice ever enjoyed by a practitioner of medicine in this city. Notwithstanding the fact that he was very moderate in his fees, his income approached $20,000 a year. He was a frail man physically, and this large practice made such excessive demands on his vitality that on two or three previous occasions he was brought so low as to cause his life to be despaired of. Besides his private practice he was a member of the Detroit Board of Health, surgeon to Harper's Hospital, surgeon of the metropolitan police of this city, surgeon-in-chief of the Michigan Central railroad, and chief medical examiner of the Michigan Mutual Life Insurance company. He was prominent also as a local politician, but never sought political honors or office.

Dr. Farrand was in very many respects a remarkable man. His extensive clientele forbade extensive reading or devotion to the more exact divisions of medicine, nor has he left behind him any literary contributions or records of his experience. While he was a member of the local, state and national medical associations, he took no active part in the meetings of any. His work was among the people, rather than among his medical brethren, from whom he, indeed, kept himself quite largely aloof. His memory will be perpetuated in the hearts of his patients, rather than in the archives of the profession. He was a man of quick perception, good judgment, decision of character, readiness of action, and possessed of great insight into human nature. His patients were his warmest friends, and to a greater extent than any man we ever knew, he possessed the faculty of retaining families in which several members had died under his care. He was a man of short stature and slender frame, of few words, which he uttered in a low tone of voice, and withal of a retiring nature, but in spite of the absence of those physical attributes usually supposed to be necessary to create a favorable impression, his influ-

ence both as a physician and as a citizen is seldom equaled.

Dr. Farrand's early demise but emphasizes the oft-told story of the evils of overwork. With a better equalization of the demands which medicine makes on the physical and the mental capacities of its practitioners, his life would, in all probability, have been spared to a green old age. With his large experience and good judgment he should, alike in his own interests and in the interests of the public, have of late years spared himself the drudgery of practice, that is, attendance on the ordinary minor ailments which constitute so large a portion of the physician's every-day work. He was in a position to have given up this part of practice and to have devoted himself to a consulting practice, at least five years ago. The lawyer who succeeds in his profession does not, for instance, attend the justice or lower courts, and makes his labors easier as his reputation grows, by delegating the routine work to others, merely supervising the work and giving suggestions as the exigencies of particular cases require. With physicians, however, this salutary arrangement has not yet been introduced, and as the practitioner grows older and increases in reputation, the demands on his vitality through attention to the less important details of the ordinary run of ailments, increase, and wear him out before his time. With a trusted corps of assistants, both his usefulness and his income might be increased, while he might also enjoy either, by frequent recreation, the leisure to which his earlier years of devotion to his arduous calling have entitled him, or improve it by contributing to the common fund from the rich stores of his experience.

We understand that Dr. Farrand made very judicious investments of his earnings, which, with his life insurance, have left his wife and family amply provided for.

A meeting of the medical profession of the city was held at the mayor's office on Tuesday, the 20th inst., to give formal expression of the sense of loss created by Dr. Farrand's death. Upwards of seventy-five physicians were present. Dr. Morse Stewart was chosen chairman and Dr. G. R. Richards, secretary. Eulogies were passed on the life and character of the deceased, and the expressions of respect for his memory and regret for his premature taking off were numerous and unmistakably heart-felt. A committee consisting of Drs. Theodore A. McGraw, Herman Kiefer and William Brodie, appointed by the chair, to embody the sentiments of the profession in preamble and resolutions, submitted the following which were unanimously adopted:

WHEREAS, Our brother doctor, D. O. Farrand, has been taken from us by sudden death, and

WHEREAS, We desire to formally express our admiration for his character and professional attainments, our deep regret and sorrow for his loss, and our sympathy for those near and dear to him in their grief and affliction; therefore

Resolved, That we have recognized in our deceased brother those qualities which make a leader among men. As a scientific physician he stood high in the ranks of his profession; as a practitioner of medicine, he was, in many respects, unequaled. He combined in a rare degree most diverse and admirable qualities. He was decided and firm, but exceedingly tender hearted and gentle. His quickness of perception and excellence of judgment were unusually marked, and he possessed a fertility of resource which made him a most valuable counselor at the bedside. In the midst of his strenuous and unremitting labors he found time to read the newest medical literature and to keep abreast with the best men in the profession. His courtesy to his professional associates made him popular with the profession in the state, while his devotion to his patients was such that he may truly be said to have given his life for them.

Resolved, That we regard the death of Dr. D. O. Farrand not only as an occasion of loss to the medical profession, and of grief to his family and friends, but also as a calamity to the community in which his active energies were constantly expended in the promotion of the public welfare.

Resolved, That a copy of these resolutions, suitably engrossed, be presented to his afflicted family as a mark of our esteem for Dr. Farrand and of our heartfelt sympathy for them in their bereavement.

At the regular weekly session of the Common Council on the evening of the 20th, the following resolutions were unanimously adopted:

WHEREAS, In the prime of life and in the midst of great usefulness in his profession and as a citizen, the sad messenger of death has summoned an eminent and honored member of the Board of Health; therefore

Resolved, That in the death of Dr. D. O. Farrand the City of Detroit has lost a faithful and conscientious officer, a good and honored citizen.

Resolved, That the offices of the City Hall be closed on Wednesday afternoon, and that the officers and members of the City and Common Council attend his funeral in a body.

Resolved, That the warmest sympathy of this body be and is hereby tendered to the family and relatives of the deceased, and that the clerk be directed to transmit to them certified copies of these resolutions.

The Council adjourned in respect to the memory of the deceased.

The funeral services were held at the First Presbyterian Church on Wednesday afternoon, the 21st inst. They were very largely attended by the profession and the public, and the cortege which followed the remains to their resting place in Elmwood was the largest seen in this city for many years.

A good man has passed away from among us.

SMALL DOSES FREQUENTLY REPEATED.—In a lecture delivered at the Bellevue Hospital Medical College, and published in the New York Medical, Prof. A. A. Smith discusses the subject of doses and the frequency of their repetition. He takes the ground that in the treatment of acute affections better results are secured from small doses frequently repeated, than from the usual method of large doses at longer intervals. He gives the following illustrations drawn from his own experience, and because of their practical nature we reproduce them, but slightly condensed:

Chlorate of potash has at times been administered

in sufficiently large doses to produce a dangerous inflammation of the kidneys. This danger can be avoided by administering the drug in small doses frequently repeated. Grain doses given every half-hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug.

Chloral has for a long time been given in large doses, as from five to eight grains, repeated every two hours, until fifteen grains are taken. I consider it a better way to give a grain, either in liquid or pill form, every half-hour until the neuralgic symptoms are relieved. One of the advantages connected with the frequent repetition of doses is that the medicine may be so largely diluted as to be rendered comparatively tasteless, and harmless to the mucous membranc of the stomach.

Two grains of salicylate of sodium, every hour or half-hour, will usually effect a cure of urticaria, even in obstinate cases, except those of a chronic nature. Urticaria is often caused by the administration of full doses of balsam of copaiba. A single drop of the same drug given every half-hour will sometimes control urticaria.

Of Fowler's solution half a drop every half-hour for six or eight doses will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Jaborandi has been given in large doses with a view to exciting perspiration in Bright's disease, but the very serious objection has been found to its administration in this way, that it sometimes has a very depressing effect upon the heart's action, resulting in some cases fatally. Now, five to ten-minim doses of the fluid extract every hour or half-hour will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine digitalis with it to counteract any possible evil influence which the drug may have upon the heart. I often hesitate long before administering large doses of jaborandi, especially in uræmia of the puerperal state.

The bromides are largely used, but an objection to them is the fact that children do not take them readily, because of the taste. This objection can be avoided by giving small doses frequently repeated, a half-grain, or a grain even, every ten or fifteen minutes. Given in this manner, the bromides often prove of great benefit in the nervous disturbances arising from dentition and other causes, and in relieving the fever which, in children, usually attends a slight degree of excitement of any kind.

You will often meet with children of a nervous, excitable frame of mind who are unable to go to sleep before ten or eleven o'clock at night. An excellent effect will be produced by chamomilla in some one of its forms, as the tincture, administered in minim doses, every fifteen or twenty minutes.

One of the most important remedies which can be administered with great benefit in frequently repeated doses is ipecac. A single drop of the wine of ipecac every fifteen minutes will often arrest obstinate vomiting, from different causes, among which are pregnancy and subacute gastritis. Children often suffer from diarrhœa and vomiting which have no other assignable cause than disturbance of digestion. This will often produce the most marked relief, both from vomiting and from diarrhœa.

A teaspoonful of a solution of one grain of calomel to the pint of water every ten or fifteen minutes often relieves the vomiting or regurgitation of food of nursing children. In order to dissolve it, the calomel should first be put into an ounce of lime-water and then into the pint of pure water. One twenty-fourth of a grain of mercury with chalk, every fifteen or twenty minutes, is often of great benefit in the vomiting and non-inflammatory diarrhœa is accompanied by mucous passages, indicative of inflammatory action, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of bichloride of mercury, one grain to the quart, every hour.

Teaspoonful doses of a solution of a grain of tartar emetic in one quart of water, every half hour, will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children.

One drop of the tincture of nux vomica given every ten minutes will often produce most marked relief in sick headache not of a neuralgic origin. It should be given immediately after or soon after meals.

A single drop of the tincture of cantharides, every hour, will in many cases relieve vesical catarrh.

For the diarrhœa of children, accompanied with slight inflammation, straining, and passage of jelly-looking matter, but not true dysentery, five drops of castor oil, given every hour in water with sugar and gum, is an excellent remedy.

A gentleman in this city, of authority in venereal diseases, says he has given greater relief in a short time, in cases of orchitis and epididymitis, by two-minim doses of the tincture of pulsatilla every hour than by any other mode of treatment. I can testify to its great benefit so given in dysmenorrhœa not of a membranous, obstructive or neuralgic character.

One of the most distressing symptoms from which many women suffer at the menopause is flatulence, and a sensation of fluttering or palpitation at the pit of the stomach, an effectual remedy against which is the extract of calabar bean in one-fiftieth grain doses, repeated every half hour for six or eight doses. It may be repeated in the same way after stopping it for three hours.

In amenorrhœa not dependent upon anæmia, benefit follows minim doses of the fluid extract of ergot administered every half hour for five or six hours the day before the flow should begin and again on day on which it should occur. Administered in the same manner it is of benefit in cases of excessive menstruation.

Tincture of aconite, one-third to one-half a minim, every fifteen minutes, will be found of decided benefit in many cases of febrile movement. You will soon find the patient in a little perspiration, when the medicine may then be administered at longer intervals. It is likewise useful in cases of commencing so-called cold in the head, in cardiac hypertrophy with palpitation, severe headache, and disturbance of the nervous system due to increased force of heart-beat.

Two minims of the tincture of hamamelis every half hour will often control hemorrhages from the nose, the uterus and from hemorrhoids.

Tincture of belladonna in minim doses, given every half hour, is a good remedy in cases of nasal catarrh, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered. In pulmonary œdema, with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum and in overcoming the failure of heart power.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half hour, oftentimes controls acute pharyngitis and superficial inflammation of other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammoniacal tincture of guaiac and administer every hour.

In the headache of migraine, one grain of the citrate of caffeine given every half hour will often produce most marked relief.

In neuralgias about the face or head, three minim doses of the tincture of gelsemium every half hour will often act almost miraculously and leaves no ill effects.

ADDITIONS TO THE MATERIA MEDICA.—Certain remarks in addresses recently delivered by prominent members of the profession, are calculated to direct attention to the question of the addition of new agents to our materia medica. One of these addresses, by Dr. John Avery, of Greenville, Michigan, member of the Michigan State Board of Health, we had the pleasure of listening to at the recent sanitary convention at Pontiac; the other, by Dr. Theophilus Parvin, was delivered before the graduating class of the Medical Department of the University of Louisville, and is published in the Louisville Medical News of 10th inst. Dr. Avery's remarks were somewhat general in their nature, deprecating such tendency as the addition of new drugs may have toward polypharmacy, and admonishing us "to be on our guard lest we are swept from our moorings on well-grounded medical science by this popular and professional craze after new and 'many medicines.'" There is, doubtless, a timeliness in this warning, for true progress must have in it an element of conservatism. Dr. Parvin's utterances, as applied to the subject of new remedies, are, however, more specific, and strike us as being very singular, to say the least. The following three sentences, quoted from separate paragraphs, contain the gist of his remarks: "The rational physician will employ in the cure of disease all agents which experience and observation, reason, or physiological experiment has proved valuable." "So far as the mere materia medica is concerned, the physician will wisely confine himself to those remedies which are official." "You can count on your fingers, I had almost said of one hand, the remedies you will find most frequently and uniformly useful." The most casual reader will, doubtless, be struck with the beautiful syllogism of the argument: All agents which experience, etc., have found valuable are official and can be counted on the fingers, almost of one hand.

To the first of the sentiments quoted we take no exception. It is the secret of progress in therapeutics. We find it difficult, however, to make it comport with the statement that it is the part of wisdom to confine one's self to remedies which are official. Pray how do remedies become official? Are they arbitrarily selected from earth's minerals, flora and fauna, and without reference to experience with their properties? It would seem so, for does not Dr. Parvin tell us that it is not wise to have experience with any which have not been made official, and do we not delegate our wise men to make our pharmacopœias? But neither Dr. Parvin nor the wise men would admit into the pharmacopœia any drug whose virtues experience had not revealed. The effort to harmonize the learned doctor's statements causes more agitation of our cerebral cells than anything we have experienced since the "13, 14, 15" puzzle. Would he force us to make bricks and allow us no straw? Would he have us learn to swim, but call us not wise for going near the water? He is either a very cruel or a very thoughtless task-master.

But let us take Dr. Parvin's second statement by itself, and away from its bewildering alliances. The advice is unsound, and, if followed, nothing could be more paralyzing to investigation and progress. It would place the improvement of the materia medica in the hands of the ignorant, it would oblige wise men to follow in the wake of fools, and place rational physicians and suffering humanity at the mercy of empiricists. Under it the wise physician must not employ a drug until the ignorant have developed its properties, and our committees on the decennial revision of the pharmacopœia must, as far as additions are concerned, be absolutely at the mercy of those with whom the Code of Ethics forbids us to consult. The pharmacopœia is, moreover, revised but once in ten years and between these revisions the wise physician must not look beyond the boundaries fixed for him by the preceding committee. Chloral hydrate, jaborandi, quinine quebracho, cascara sagrada, grindelia robusta, salicylic acid, convallaria majalis, etc., discovered, for instance, in 1881, must not be employed by the wise physician until the committee of 1890 have met, and,

after deliberating on them for three years, have made them "officinal."

Touching statement number three: It is, doubtless, true that as a physician grows older in years and experience, the list of his remedies grows shorter, and in conformity with this rule Dr. Parvin's list may legitimately have been curtailed to emulate the abbreviated appendage of Tam O'Shanter's mare. But the shortening of a physician's list of drugs must be through the process of natural selection. It is a process which he can delegate to no one. Dr. Parvin's few drugs are valuable to him because they have crystallized from the large number which he has, doubtless, tested during the many years of his experience. They have adapted themselves to his peculiarities, and *vice versa*. But the young graduate who would, following the doctor's advice, restrict himself to his few drugs, would surely fail to be of the greatest possible service to his patients. The physician with age and experience at his back can, for instance, see virtues in opium which the neophyte cannot comprehend, and when the latter seeks to apply the drug to other than the indications clearly defined in his text-books he goes beyond his depth.

Another fact is significant in this connection: Two physicians of equal age and experience who have settled down on the same number of drugs, will be found to have selected by no means the same drugs. We recently had a little experience on this point. Having been appointed a committee to provide medicines for a dispensary at which there were ten attending physicians, we had each physician specify, independently of the rest, the twenty drugs he desired for his prescriptions. The result was surprising; the number of drugs which were not duplicated amounted to ninety-seven out of a possible two hundred! We have little doubt that had Dr. Parvin been in our place and undertaken to restrict the gentlemen to remedies which cou'd have been "counted almost on the fingers of one hand," he would have had his delusion very rudely dispelled by the amiable decemvirate. These gentlemen were, furthermore, "wise" men, as the term goes, reputable practitioners, professors in a medical college, etc., and presumably mustering quite as much average wisdom as the young men to whom Dr. Parvin gave his words of parting advice on the question of new drugs.

It has come to be regarded as quite the proper thing among a certain class of physicians to affect to ridicule the introduction of new drugs, which they attribute, as Dr. Parvin does, to the "enterprise, sometimes, possibly, cupidity of manufacturing druggists." While there are, doubtless, abuses connected with such introduction we cannot but regard its unqualified condemnation as inimical to true progress.

MEDICAL EDUCATION.—This subject, old and threadbare and trite that it is, is again forced on our attention at this season of commencements, when the country, already swarming with practitioners of medicine, is having turned loose upon it the annual grist from the mills which abound. The most superficial consideration of it but presents anew its most deplorable condition, and when one calls up the miserable equipment of the average medical college of the land, the preliminary training and receptivity of the average medical student, and the fact that the average professor is not, even by any stretch of the imagination, "a genius giving out coruscations of light," he can no longer wonder how it is that the American medical diploma has become a thing of derision and contempt abroad. It is a notorious fact that it requires less time and no more intelligence or preliminary education on the part of the student, to graduate a man from seventy per cent. of our colleges, than it does to turn out a carpenter, blacksmith, shoemaker or other artisan. This may seem an extravagant assertion, but we challenge its refutation. And instead of improvement, the condition of affairs is growing worse. The annual crop of medical colleges is getting larger, the requirements for admission are, in the keenness of competition for students, becoming less rigid, if indeed such a thing were possible, while the final examination for the degree of the doctorate has degenerated into such a roaring farce that it makes the cheek of the honest man tingle with shame when he reflects on the part he is forced to take in it. To such a low estate has the degree of the doctorate fallen, even in the estimation of the teaching faculties themselves, in many instances, that it is a difficult matter indeed for such members of these faculties as retain a respectable conception of the honor attaching to the degree, to secure the plucking of even the most palpably incompetent student. How many of the medical colleges who this spring turn out their graduates, would dare publish their examination papers and the answers given by those on whom they have conferred the ancient honorable degree of the doctorate? The number of even those who make great pretensions would be so small as to startle even those complaisant members of the profession who excuse their indifference on the plea that things are not as bad as they might be. Things could not well be worse, and if it is a duty incumbent on the profession to hold our colleges to accountability, it is high time that the duty was entered upon.

There are competent and honest men, and many of them, engaged in medical teaching, who are sick and sore at heart with the existing status of affairs, who earnestly pray for the reform they are unable to effect, and who give earnests of their desire in faithful and conscientious work in their respective colleges. But in the great majority of instances the influence of these is overcome by that of the professors, their associates, who differ from poets in that they are made and not born such. It may be asked, why it is that honest men stultify themselves by remaining in connection with institutions thus disreputable. There are many excuses for their so doing, but not the least satisfactory is the fact that their efforts towards reform are more effective when

exerted from within, than when brought to bear from without. For them to withdraw would be but to give the colleges over to a class with whom the professional good is absolutely subservient to individual aggrandizement.

Wherein lies the remedy for this great evil? In the state through the omnipotent power which it could exert in strengthening the hands of those who would restore medicine to its proper place among the professions. This restoration would by no means be for the undivided benefit of a class; it would, through this class, be for the general good. If the legislature of this state, for instance, were less dominated by those interested in having matters remain as they are, it would long since have put a stop to professional degradation, in the highest interests of its constituents. Let the state refuse to accept the diploma of any school, regardless of its pretensions, as a guarantee of fitness for the responsibilities of the practitioner of medicine, and it would strike directly at the root of this monstrous evil. Let it appoint a board of examiners whose certificate alone should admit the physician to practice, it would place a premium on conscientious and competent teaching on the part of medical schools. There is no other remedy, and until it is provided the mills will continue to grind, and the grists will be the largest from those whose hoppers are the widest open and whose stones subject the material to the least grinding. As this thing continues the classing of medicine among the learned professions becomes more and more a fiction.

SPONTANEOUS COMBUSTION.—Dr. R. Thomas, of De Pere, Wisconsin, writes: In regard to Underwood, the alleged phenomenon, of Paw Paw, one naturally suspects the use of phosphorus in some form or other, introduced into the handkerchief, or what he wishes to ignite. But I hardly think the explanation of Professor Clark tenable in the case, for Underwood is an ignorant mulatto, and knows nothing evidently of the solvent powers of the bisulphide of carbon or the use of capsules.

The writer is not prepared to say what it really is, or that Drs. Woodman, Maynard and others, who have examined him, have been deceived or have not taken every precaution against fraud and imposition.

I have never seen Underwood, it is true, but my son, Dr. A. F. Thomas, who formerly practiced near Paw Paw, has, and gives me an accurate and detailed description of his manipulations. His description is that he takes the handkerchief, presses it to his mouth and breathes on it and through it for a minute or two, using considerable force of the muscles of the chest, the last few respirations being very forcible and convulsive. At the same time he works the handkerchief vigorously between his hands and presently it ignites, and at the time he saw him, at one point, and the flame spread from there Then he sinks back in his chair, apparently much exhausted.

A trick similar to this can be performed with phosphorus alone, without the use of bisulphide of carbon or other chemicals. in a manner difficult to detect and surprising to the beholder, and when reading the account in the last MEDICAL AGE, I was reminded for the first time in years of my own exploits in the same line more than half a century ago, when a boy in my teens.

The way I used to do it was to place a small piece of phosphorus in my mouth, say a piece of a stick half an inch long, and keep it there until the parties came along that I wished to astonish. The sticks in those days were about the size of a lead pencil or pipe-stem. A short section of one of these I could easily carry in my mouth. between my cheek and gum, where it would be out of sight when the mouth was opened. Then when I wished to perform, I would borrow a handkerchief—seldom used my own—hold it to my mouth with both hands, blow hard through it a number of times, bite off a little piece of the phosphorus, push it into the handkerchief with my tongue, and rub it vigorously between my hands, when, lo! it would burst into a flame, to the astonishment of all present.

Sometimes, to make it more mystifying, or when the danger of detection was liable to be greater, I would put a small piece, not much larger than a mustard seed, into my mouth and carry it between my cheek and gum above the upper teeth, as tobacco chewers carry their quid, so that what answered for a minute inspection of the mouth, and rinsing it with water, would not reveal it. Especially would I do this before going into an evening company which I wished to surprise, and I would sometimes have to hold it an hour or two before I got a chance to perform. I could easily carry on a conversation or even drink water with it in that position.

This was before I studied medicine or knew anything about chemistry, and I was unaware of the dangerous character of the stuff I was handling or the danger I ran of being poisoned with it, but I always knew in general terms that it was poison and was careful. Although phosphorus inflames at the temperature of the body, in the air, spontaneously, still it can be carried in the mouth any length of time without combustion, and bitten into pieces, if the lips are kept closed or only opened occasionally, and a very small piece, located as I have mentioned, can be carried with the mouth open. Still the experiment, from the very nature of the article, cannot be otherwise than dangerous and a very useless and foolish one now when the knowledge of the general principles of chemistry is so widely diffused. Phosphorus being insoluble in the saliva, is tasteless or nearly so, and only develops its taste fully when in solution or in a finely divided state.

While I do not claim that Underwood uses any such method and would not deny that there may be many forces and mysteries in nature that cannot be accounted for or explained, still I give the above for what it is worth, and it is a true exposé of what was a more local and circumscribed but similar mystery fifty years ago.

Sciatica.—In a clinical lecture on sciatica, published in the Medical Times, Dr. Wm. Pepper calls attention to the difference between the disease as an idiopathic affection and occurring as a symptom of deep-seated trouble. This distinction is very essential in determining the measures of treatment. Thus an aneurism of the aorta may by pressure cause pain in the course of the circumflex, the genito-crural, the ilio-inguinal or the sciatic nerve, and in leucæmia there may be such enlargement of the abdominal gland as to cause sciatica by pressure. In such cases the treatment must, of course, differ from that demanded in simple sciatica. The cause of the latter may be malaria. Periodicity, though it generally does, does not always denote malaria as the cause. In all neuralgias painful spots are found over the points of exit of the nerve affected. In sciatica the painful spot is where the nerve passes through the sacro-sciatic foramen. In purely malarial sciatica it has seemed to Dr. Pepper that the tenderness is less marked at this spot than when malarial is not the cause, so that excessive tenderness and the point of emergence and excessive pain on motion are evidences of non-malarial origin. Lead-poisoning may be the cause of the affection. The cause, however, is most frequently congestion of the nerve-sheath, often associated with a gouty or rheumatic diathesis; but even when such diathesis does not exist congestion may be caused by exposure to damp and cold. The latter is the most common cause. In addition, sciatica may be the expression of a neuralgic constitution. In the latter case the individual is usually anæmic and of a morbidly sensitive nature.

Treatment must be based on a careful consideration of the cause. To relieve the pain give injections morning and evening into the deep tissues of the thigh of a solution of morphiæ sulph. gr. 1-6 and atrophiæ sulph. gr. 1-80. Such deep injection is more effective than the simple hypodermic injection.

It is an old observation that puncturing the tissues over a painful nerve would relieve the pain. The practice of acupuncture, by plunging solid needles into the tissues, for the relief of neuralgia, dates back thousands of years in the Chinese practice of medicine. In China there is a caste or class of people whose business it is to practice acupuncture. The needles which they use for the treatment of sciatica are very long, made of fine gold, brought to an exquisite point, sometimes worked with a fine spiral and sometimes perfectly smooth. These are rapidly rotated between the thumb and index-finger and inserted to a great depth. It has been supposed that the relief afforded is due to puncture of the nerve sheath, allowing the escape of some exudation which causes pressure upon the nerve. This, however, is not at all probable, for the anatomical knowledge of those who practice this treatment is very slight, and even if they succeeded in reaching the nerve sheath the needle would probably be introduced too far and injure the nerve itself; and, again, the opening would be so small and the tissues are so elastic that very little fluid could escape.

While confidently recommending hypodermic injections of morphia in acute sciatica he earnestly protests against their use in chronic neuralgia. In no other disease will the opium habit be more readily contracted than in chronic neuralgia. The attacks come on so frequently and so violently that the patient soon becomes the victim of this most troublesome habit.

Counter-irritation over the affected nerve should be used. A blister first but if the case proves obstinate the actual cautery should be resorted to. The blister should be three inches by four inches.

Internally for two or three days, give thirty grains of quinia a day should be given if malaria be suspected, and, even if there is no malarial element, the effect of the quinia upon the vessels of the affected part and its influence upon the general nervous system cannot fail to be of benefit. After a few days the dose of quinia should be diminished and arsenious acid be associated with it. When the injections are stopped give also belladonna and iron. Iodide of potassium, five grains four times a day will be found necessary from the first.

Albuminuria in Diphtheria.—In a paper read by Dr. W. E. Steavenson before the Abernethian Society at St. Bartholomew's Hospital (Medical Times and Gazette), occurs the following on the appearance of albumen in the urine of diphtheritic patients, a subject which we apprehend has been but imperfectly investigated:

Albumen is not found in the urine in numerous cases which are called diphtheria, but occasionally in very bad cases the urine is loaded with it. The appearance of albumen in the urine takes place at an early stage of the disease. The urine is never smoky, and very seldom contains any blood corpuscles, and there is no anasarca.

This presence of albumen in the urine takes place in about one patient in every four, and, as a rule, soon passes off; but in Dr. Gee's case, to which I have referred, the albuminuria, probably after diphtheria, has persisted for months.

Of the ninety-one cases of diphtheria recorded by Dr. Abercrombie, most of which occurred at the Children's Hospital while I was one of the resident medical officers, twenty-four had albuminuria, of these, fourteen died. Of the seventy six in whom there was no albuminuria, only eight died. Most of the cases with albumen had laryngeal symptoms, which necessitated the operation of tracheotomy, but in none of those which recovered after the operation was there at any time any albumen in the urine.

From the above facts I should argue that, speaking of the disease as a progressive one, it has arrived at a more virulent stage when albuminuria is present.

As a result of the inquiry instituted by the Royal Medical and Chirurgical Society, the Committee came to the conclusion that the presence of albumen depended upon the severity of the cases, evidenced by the amount of false membrane, and generally in

those cases where the fauces were implicated; and also more frequently it followed those cases which were distinctly traceable to infection.

That is, the poison, which had arrived at such a condition as to be communicable, had also arrived at such a condition as to affect the system so seriously as to produce albuminuria.

Is the presence of albumen in the urine a distinctive feature, and have all cases in which it is absent not arrived at such a stage as to warrant the name of diphtheria?

Does paralysis follow in any case when albumen is absent from the urine?

In the eighteen cases of paralysis following diphtheria related by Dr. Abercrombie before the International Medical Congress in 1881, he was unable to determine whether or not they at any time had albuminuria.

This appears to me to be a very important fact to discover in all cases of diphtheritic paralysis. Supposing, for instance, that only those patients have diphtheritic paralysis who have albumen in their urine during diphtheria, and only about 10 per cent. who have albumen recover, the rarity of diphtheritic paralysis is not to be wondered at. The same degree of poison that produces the nephritis may lead to the paralysis.

KOCHINE.—While we are not of those medical editors who endeavor to absolve themselves of all responsibility for the nature of the contents of the advertising pages of their journals, we have, nevertheless, made it a rule to keep the advertising and editorial departments distinct. We maintain it to be the duty of an editor to exercise such supervision over the contents of the advertising pages of his journal as will prevent the insertion of the notice of any article which he does not honestly believe worthy a trial. It is true, usage has of late years partially justified him in admitting advertisements of articles the prescription of which is in very direct violation of the Code of Ethics, but the strain is growing too severe, and if medical editors are to preserve their professional standing, it will be necessary for them to draw a definite line beyond which the enterprise of the publisher may not encroach.

We have admitted to our pages in this issue an advertisement of "Kochine," for the purpose of indicating the tendency of medical advertising and quasi-scientific pharmacy. This tendency is an outcome of business shrewdness, sharpened by competition and fostered by professional apathy. The advertisement referred to is by no means a great exaggeration, as compared with others which, though they have never been admitted to these pages, have found place in other medical journals. We would, of course, not for a moment so reflect on the intelligence of our readers as to even insinuate that they would be deceived by this advertisement, and yet it is a patent fact that there are houses doing a thriving business whose advertising literature is fully as ornate as that in this advertisement, and not a whit more scientific. There is even now on file at Washington an application for a patent on a device by a Dr. S. G. Grimer, of Bradford, Pa., who claims that he can by means of it saturate the electric fluid with the medicinal principles of drugs, and by means of the telegraph introduce it thus saturated into systems a thousand miles from his office! It is true the advertisement of this device has not yet found its way into any medical journal that we have seen, but it has appeared in a secular paper, and if medical editors do not cry a halt, who can tell how long it will be before publishers, who have no fear of the code before their eyes, will find place for it in medical journals?

The American Medical Association has been asked to take action towards the correction of this abuse, but it has, for reasons never very clearly defined, persistently refused. If it is a duty of this association to regulate the conduct of the physician in his practice, it is difficult to perceive the impropriety of its drawing some lines within which he should be obliged to walk when he may chance to become a medical editor. It says it is wrong for him to prescribe or in any other manner encourage the sale of a certain class of preparations, but what more direct encouragement to its sale could he give than to admit its advertisement to his journal? In the language of another, "It won't do" for him to continue shifting the responsibility to the shoulders of his publisher. The excuse becomes all the more diaphonous in cases in which the editor and publisher are one and the same individual. "It won't do."

PULSATILLA IN GONORRHŒAL EPIDIDYMITIS.—Dr. F. R. Sturgis, professor of diseases of the genito-urinary system is the N. Y. post-graduate medical school, in a paper read before the Materia Medica Society of New York City, reiterates a statement made a few years ago, but the correctness of which has been called in question, that pulsatilla is a valuable drug in the treatment of acute gonorrhœal epididymitis. The preparation he employs is the homœopathic tincture, or so-called, mother tincture, which he gives in from one to two minim doses every hour. His reiteration of the claim to the superior property of this drug in the condition named is supported by a report of its use in six cases. His article, published in the Philadelphia Medical News concludes as follows:

These cases include all the gonorrhœal affections of the testis treated by pulsatilla during the four months of November and December, 1880, and January and February, 1881, in the wards of the Third Venereal Division of Charity Hospital, and the histories are to me instructive. Here are six cases, all acute, in three of which one minim of the tincture is given every hour; in two cases two minims are given every hour, and in one two minims are administered every four hours. In one case relief is obtained in twenty-four hours; in two cases in two days; in one case in three days; in one case in four days, and in one case there is total failure. In one

case, No. 3, where two minims were given every four hours, relief was as speedy as in No. 2, where the same dose of the medicine was given hour, and more speedy than in No. 1. In No. 6 there was no success, and I regret that, before changing the treatment, I did not try smaller doses of the medicine, which are said to be effective when larger doses fail. The length of treatment varied from four to seven days, an average of about six days, but relief began long before that time in all the cases which were benefited.

The date of the disease at which treatment was begun, varies from thirteen to twenty-nine days from the first appearance of the clap, and from the result it would not appear that the element or time exercised much influence upon the cure.

In the five cases in which the symptoms were relieved, no relapse took place, although during and after the treatment the patients were not allowed to remain in bed.

Two points are worthy of special mention in giving this drug for the relief of gonorrhœal epididymitis: One is that its action is confined to the relief of the pain, and seems to have no influence in reducing the size of the inflamed testicle; the second, is that the relief, if any is to be afforded, will take place within forty-eight hours after the administration of the drug. I certainly should not continue its use beyond that time.

STERILITY IN THE MALE.—We think there is little doubt that in infecund marriages the onus is too frequently unjustly laid on the woman. It is, indeed, a very rare thing to ever interrogate the man for the cause of childlessness, the assumption almost invariably being that the woman is barren. Before the microscope, ejaculation was synonymous with virility, but the lens has exposed this fallacy, and the physician who subjects the patient and long-suffering uterus to the tortures to which it is wont to be put in cases of sterile unions, before subjecting the male fluid to an examination, does not practice medicine in a manner to reflect credit. A case in point has just been under our observation. The wife was a few years ago a picture of physical beauty—a red-cheeked brunette, and weighing about 135 lbs. The husband is a gentleman to all appearances perfectly competent, and when after two years of married life, no precautions having been taken to prevent conception, the womanly instinct craved for offspring, it was never for a moment questioned that the defect was on the side of the wife. She took medical advice, and passed from one to another, thus undergoing a variety of treatment, from the effects of which, doubtless associated with the unsatisfied longing for a child, her health became much impaired. In this condition she consulted us. An examination showed no appreciable impediment on the part of the uterus, and with her history before we declined to do anything further in the case until the husband should submit to the necessary examination. This he was all the more ready to do because of his confidence in himself. The microscope, however, revealed such a scarcity of spermatozoa and such sluggishness in the movement of the few, as to fasten beyond a question the cause of the sterile union on the man.

Gross, in his work on Male Sterility, gives an analysis of 192 cases of sterility, from which it appears that in thirty-three, or seventeen per cent., the cause was in the male. Of this number, Manningham reports one in thirty; Pajot, seven in eighty; Mondot, one in ten; Kehrer, fourteen in forty; Cousty, one in ten; Nœggerath, eight in fourteen; and the author himself found the husband to be at fault once in eight cases. In the thirty-three cases reported, azoospermism existed in thirty-one, and aspermatism in two cases. The facts thus show that the husband is at fault in one case in six.

A CATHARTIC FOR INFANTS.—Dr. J. Cooperider, Taylorsville, Indiana, sends in response to the request for a cathartic for infants the following which he has found quite satisfactory in his practice:

℞ Ext. sennæ fluidi..... ℥ j.
Sodii sulphatis..... ℥ ss.
Spts. limonis..... ʒ j.
Syrupi, q. s., ad..... ℥ iv.

M. Sig. A half teaspoonful to teaspoonful every two to four hours, according to age.

Dr. M. R. Morden, Adrian, Mich.: In answer to Dr. Postlewait, in regard to a suitable remedy for constipation in infancy, I wish to attest my confidence in the pulvis glycyrrhizæ compositus for the same. It consists of:

℞ Senna.....
Liquorice (powder).....ää ʒ vj.
Fennel.....
Sulphur.....ää ʒ iij.
Refined sugar..... ʒ xviij.

May be given best in form of a thick tea, in one-quarter to one-half teaspoonful doses to infants, and to large children, aged persons and delicate adults in teaspoonful doses, once, twice, or thrice daily, as may be needed. After 10 years' experience with its use I recommend it as being pleasant, safe and efficient. One dose at bed-time generally answers. I never knew of but one child that did not like it.

Dr. Wm. R. Smith, Sr., Cairo, Ill., writes: From my own experience this winter I think the constipation of the little patients, referred to by Dr. Postlewait, is caused by catarrh of the colon and rectum. Would advise him to give the following:

℞ Sodii phosphatis granulati..... ʒ ij.
Ft. chart.....no. viij.

Sig. One powder in a tablespoonful of milk three times daily.

QUACKERY IN ILLINOIS.—The Peoria Medical Monthly is disposed to dispute the claim of Missouri to being the most quack-beridden state of the Union. The Medical Practice Act, it says, has done much to rid Illinois of quackery, but the provision which

permitted all who had been in practice for 10 years prior to the passage of the act allowed many very bad specimens to remain. Our contemporary continues:

"We have lately seen a certificate returned to the county clerk of St. Clair County by one of these "ten year" men.

'The deceased's age was given as seventeen, while a little below it was stated that he had been a resident of this state twenty-one years. The cause of death was rather unique: 'first disease Gravel, stop the water,' complications, 'Imergy (?) of the blood of the nose and mouth; Pluru Pomonie.'

"We have frequently seen returns made in which the cause of death has been variously given as 'Earysipelas,' 'Arysiplas,' 'Malerea,' 'Parallases,' 'Numonia,' 'Amoonia,' 'Arasipolas,' etc., etc.

"This may not be evidence of such open quackery as exists in Missouri, but it is evidence of the most unadulterated ignorance and almost an equal blot upon our fair name as physicians.

"Mississippi has the best law regulating the practice of medicine of any that we have yet seen; the best because it is the strictest. A diploma is not sufficient evidence of ability, nor yet twenty or fifty years of practice, but every man must pass an examination in the fundamental branches: anatomy, physiology, chemistry, materia medica, obstetrics, surgery and perhaps one or two more. This examination he must pass; after this he may practice any 'pathy' he pleases."

The Mississippi law is of the only kind that is to save the people from the ravages of quackery and—the medical colleges.

An American Physician on the American Profession.—The Medical Times and Gazette (London, Englaud), quotes as follows from a paper on "Expert Testimony," by Dr. O. W. Wight, who, it says, is "a distinguished member of the medical and legal professions, and a leading medical jurist in New York": "In this country we have no legitimate medical profession. Learned, able and conscientious physicians and surgeons we have, but they are a melancholy minority in the great froth ocean of practitioners. In the United States there are nearly a hundred medical colleges, a majority of which are ouly chartered doctor-factories. To them flock every year green young men, many of whom could not write a sentence of correct English if the salvation of their souls depended on the effort, who obtain certificates of study from easy-going practitioners, listen to miscellaneous lectures for twice fourteen weeks, and are graduated as doctors. The schools compete with one another for students by the ease with which they induct them into a learned profession. And this is not the worst of it. In most states an enterprising fellow who fails as a minister, a lecturer on phrenology. school-master or tin-peddler, is allowed (without any diploma) to put out his shingle as a doctor, and he is pretty sure to get fools to employ him, for he has cheek, brass, push, pretension and the audacity of ignorance. From such a heterogeneous crowd parties in litigation find experts to testify to anything they desire."

We do not object for a moment to our contemporary's characterization of the gentleman, but it makes an error in locating Dr. O. W. Wight. He is not of New York, but of Detroit, and is our worthy health officer. His picture is too true to life, but would have been still truer and more interesting had he mentioned the ease and detailed the method through which degrees can be secured from reputable institutions without even the formality of "the twice fourteen weeks."

One of the Dangers of Eminence.—The facts would tend to show that, other things being equal, the chances for recovery in the case of illness of a prominent citizen are less than in the case of one on whom the world has not showered many of its honors. The announcement of the illness of the former so often but prepares for the speedy subsequent announcement of his demise, that the public have come to regard greatness as in a measure surrounded by a fatality. The past few years have furnished not a few illustrations in point. A Paris correspondent of the Wiener Allgemeine Mediz. Zeitung indicates some of the reasons why this is so, in connection with a reference to Gambetta's case. He says "the responsibility of physicians is known to be the greater in proportion to the high social position of the patient. For which reason the physicians first called in wish to diminish the individual amount of it by dividing it among a number. In such cases, however, the patient is not benefited, but rather the contrary, as no one stirs himself up to a decided step, no one carries out an operation, in consequence of which he might be publicly accused in case it failed to serve his patient. If Gambatta had been a wounded laborer, brought into the hospital, placed under the charge of a single surgeon, he would probably have recovered. He would then have been compelled to follow the directions of his physician; he would have been obliged to submit to nursing treatment or operation without a voice in the matter. Now, however, the patient is dead, perhaps simply on account of the reasons that he was Gambetta, and that he was treated by a dozen medical authorities of Paris."

Medical Legislation in Michigan.—We have received a number of inquiries relative to medical bills before our State Legislature this winter. We regret to say that the interest in this matter is much less at the present session of the legislature than at any previous session for the past eight or ten years. The earlier indications were that the efforts to secure the passage of a bill which should be of some value, would be unusually active, and it was thought that the bill prepared by Dr. H. B. Baker, of the State Board of Health, was one on which the profession would unite. While this bill was not just such a one as we should have drawn up, we, nevertheless,

refrained from having another introduced which might in any way cause a division of effort. Dr. Baker's bill was, we believe, duly introduced, but it met with opposition of such a nature and from such sources as caused the doctor to suspend all efforts to secure its passage. It is, therefore, practically out of the question entirely. There is another bill before the legislature but we have not seen a draft of it. It is much to be regretted that Dr. Baker has seen fit to let his bill drop. Perhaps had it been suspected that it was to be allowed thus to die, efforts of an active nature might have been instituted for a bill equally stringent. It was the hope of many, engendered by the very considerable success before the last legislature, that the passage of such a bill would be secured at this session. We believe that events as they have transpired since the session of 1881 have had a salutary influence on the public mind, educating it to the necessity of legislative control of the important interests in the hands of practitioners of medicine.

MEN WIDWIVES.—Two centuries ago, according to an address recently delivered at the University of Edinburgh, men midwives were an innovation in Great Britain. It was deemed immodest by many to employ them and so furious was the opposition in some places, that it was not safe for a man to be known as a man midwife. The following quotation from Dr. Aveling's History of English Midwives illustrates the popular sentiment. Dr. Willoughby, whose daughter was an expert midwife, says: In Middlesex, anno 1685, my daughter, with my assistance, delivered Sir Tennebs Evank's lady of a living daughter. All the morning my daughter was much troubled, and told me that she feared that ye birth would come by ye buttocks. About seven of the clock that right labour approached. At my daughter's request, unknown to ye lady, I crept into the chamber upon my hands and knees, and returned, and it was not perceived by ye lady. My daughter followed me, and I being deceived through hast to go away, said it was ye head, but shee affirmed to the contrary, however, if it should prove ye buttocks, that shee knew how to deliver her. Her husband's great Oliverian power, with some rash expressions that he uttered, flowing too unbandsomely from his mouth, dismayed my daughter. Shee could not be quieted until I crept privately again, the second time into ye chamber, and then I found her words true. I willed her to bring down a foot, the which shee soon did, but being much disquieted with fear of ensuing danger, shee prayed me to carry on ye rest of ye work."

EUCALYPTUS GLOBULUS IN DIPHTHERIA.—Dr. Gibbs, of New Plymouth, New Zealand, contributes to the Lancet his experience in the use of eucalyptus in the treatment of diphtheria. His plan is to place the leaves in a tub beside the bed and to pour on them boiling water, repeating the process every half hour, so that the room may be kept permeated with the disinfecting steam. In addition the only treatment employed was mopping the throat every eight hours with a dilute solution of perchloride of iron in glycerine and covering the pharynx with powdered sulphur. Of thirty-seven cases thus treated none died. Where only one child is sick, make a tent with a sheet over the bed so as to enclose the patient and retain the steam, and he says it is wonderful how the swelling and pain subside. That the epidemic in which his cases occurred was a severe one, is attested by the numerous deaths which occurred in the practice of those who employed other means of treatment. The plan has simplicity to commend it and may be entrusted to an ordinary attendant.'

PORRIDGE AND MILK.—In the course of a recent lecture on the establishment and maintenance of brain health, Dr. J. Battey Tuke, the renowned English alienist, maintained that every child's future history was conditioned on the food it got and on its surroundings. Much depended on the state of the mother's health while she suckled it, and in order to her proper integrity in this regard she must be well fed. He believed that with the improvement of wages among the working classes in Scotland, for instance, the palatibility of food was being improved at the expense of its nutritive property. Tea and bread are very inferior substitutes for porridge and milk. Oat meal porridge and milk are a typical food, containing all the necessary constituents of food in the most perfect proportions. Weight for weight bread does not possess an equal power of nutrition with porridge. He advised all workingmen, whether they worked in the workshop, in the office, or in the study, to feed themselves, their wives, and their children, at least once a day, on the most perfect form of food which God has given them—porridge and milk.

BOROGLYCERIDE IN PURULENT OPHTHALMIA — Dr. Hartridge, of the Central Ophthalmic Hospital, London, speaks (Lancet) very encouragingly of this new antiseptic, from his somewhat limited experiments with it, in purulent ophthalmia. His method of applying it is to evert the eyelids and after clearing away all pus and secretion with cotton wool, to brush the mucous membrane with a 1:10 solution, taking care to introduce it well under the upper lid. This is repeated daily and in the interval the eyes and lids must be bathed every hour with a 1:40 solution. When only one eye is affected, he proprotects the sound eye by applying a piece of lint soaked in a solution of 1:20 and bandaging it snugly. A 1:10 solution dropped into the eye is said to cause little or no smarting.

CORROSIVE SUBLIMATE AS AN ANTISEPTIC—The demand has been for an antiseptic at once efficient and either odorless or agreeable to the olfactories. Its odor has been the objection to carbolic acid and the same may be said of iodoform. Among those most likely to fulfil these conditions is corrosive

sublimate. Koch found an a result of his experiments that a solution of 1:1000 of this salt was very destructive of bacilli. Tarnier in his famous maternity hospital enjoins that every attendant shall on entering the room wash the hands and arms in a solution of this strength. A solution of 1:2000 is employed as a vaginal injection and the genitals are freely bathed with it. He attributes the immunity from puerperal septicæmia in his institution, very largely to the employment of this pleasant antiseptic.

MEDICINE AND LONG LIFE.—An analysis of the tenth census of the United States with especial reference to doctors of medicine shows that the number of doctors in 1880 was 87,671, of whom 2,432 were women. Of this number, 8,397 were over sixty years of age. This is a better showing than is made by any of the other occupations of men, the clergy alone excepted. It corroborates that made by the profession in England. It is a somewhat significant fact, moreover, that the largest percentage of aged physicians is found among those who have been prominent in their calling, the brain work performed by these evidently, as in the case of clergymen, being favorable to longevity. Among twenty English physicians whose ages were recently published, and the average of which was a fraction over 85 years, there was not one who had not attained prominence. The conjoined physical and mental exercise necessitated by the practice of medicine more than offsets the evils due to exposure and irregular hours.

KALSOMINING FLUID.—Some of our readers may be interested about this season of the year in such information as is given in the following, which we clip from the Weekly Drug News and American Pharmacist, which commends it as a good kalsomining fluid for walls:

White glue	1 pound.
White zinc	10 pounds.
Paris white	5 pounds.
Water	sufficient.

Soak the glue over night in three quarts of water, then add as much water again, and heat on a water-bath till the glue is dissolved. In another pail put the two powders and pour on hot water, stirring all the time, until the liquid appears like thick milk. Mingle the two liquids together, stir thoroughly, and apply to the wall with a whitewash brush.

SPONTANEOUS COMBUSTION OF PERMANGANATE OF POTASH PILLS.—We called attention in our issue of 26th ult. to the fact that Drs. Ringer and Murrell had found the permanganate of potash a valuable salt in the treatment of amenorrhœa. The use of it which has followed their recommendation has revealed a danger associated with its manufacture into pills. When the excipient employed to make it into a mass is glycerin, or other readily oxidized agent, spontaneous combustion is liable to take place. Mr. Martindale (Lancet, January 13) has found the following to make an excipient which is both effective and free from this danger: Vaseline two parts, paraffin wax one part; melt, stir till cold and add kaolin three parts. Cocoa butter does not oxidize, but it is troublesome to handle and in time reduces the permanganate. To ensure permanency Mr. M. says the pill should be coated with sandarach. Gelatine would, it seems to us, answer equally well.

The North American Review for April is a peculiarly attractive number. The scriptural and the legal aspects of Divorce are presented respectively by the Rev. Dr. Theodore D. Woolsey and Judge John A. Jamieson. Dr. P. Bender, a Canadian who has studied to some purpose the political, social and economic conditions of his country, presents "A Canadian View of Annexation." Senator John A. Logan sets forth the need which exists for "National Aid to Public Schools" in the several states and territories. The Rev. Dr. Howard Crosby writes of "The Dangerous Classes," meaning the manipulators of corporation stocks and the men who, having amassed enormous wealth, use it for nefarious purposes. James C. Welling, President of Columbus University, treats of "Race Education." "The Water Supply of Cities" is discussed by Charles F. Wingate, "Ethical Systems" by Prof. F. H. Hedge, "Street Begging" by Rev. Dr. Charles F. Deems, and "Criticism and Christianity" by O. B. Frothingham. Published at 30 Lafayette Place, New York, and for sale by booksellers generally.

In his address to the graduating class of the Atlanta Medical College Ex-Chief Justice Bleckley descanted as follows, in rhyme, on the relation between patience and patients:

"If doctors have patience, patients will come;
Some cannot have all, but they all may have some;
If patients have patience, 'tis safe to foretell
That twelve to the dozen are sure to get well.
Whoever says "patients" has "patience" to say:
By name and by nature, in both there is pay.
That like will cure like is the hint that peeps through:
"Similia similibus curantur often is true."

An accoucheur's lines to an infant on its first birthday:

Incarnate dream of that which is to be;
Stupendous history of what has been;
The unknown past and future meet in thee.
Who shall record thy destiny and when?
What shall thy mission be? Wert thou forwarned?
Say, wert thou welcome, or didst thou arrive
Unwished for, hated, till thy birthday dawned?
Such is the fate of some. Since thou art here,
Oh! plead with mothers that they do not kill
The unborn infants Nature bids them bear.
Bid love and life their mutual course fulfill;
Bid life and love their mutual burdens share.

According to a recent address by Dr. King, a Missouri doctor classifies Dover's powder as a "diapporefus," having also a "soothin effect on the mucus membrane of the brain." Another gave his patient a little turpentine as her bowels were a little "gastric." Another had a patient who had a "rheumatic worm in the joint eating up the asphaltum." A fourth told a female patient that she had the same trouble as her father, viz.: "hæmorrhage of the prostate gland." And a fifth, in explaining vicarious menstruation, said, "the blood is stopped in the womb, and forced through the fallopian tubes into the lungs."

The Medical Record in referring to the fact that Dr. Jennie McCowan was elected president of the Scott County Medical Society, Iowa, says: "This is, we believe, the first instance on record in which a woman has been elected to preside over a body of medical men." Wrong again, brother. A Detroit medical society several years ago did itself the honor to elect a female first vice-president, and it was the custom of some of the younger members to regularly waylay the president on meeting nights and incapacitate him, for the sole purpose of getting the fair v.-p. into the chair. She was a good one, too.

In his recent address before the graduating class of the University of Louisville, Dr. Parvin ridicules the assumption of Henry Ward Beecher, in declaring in favor of the theory of evolution. Dr. Parvin repudiates the theory, holding that it is "the negative of science, the negative of philosophy and the negative of liberty." It may be less assumptive for Dr. Parvin to declare against the theory which has been so unanimously endorsed by leading scientists, than it is for Beecher to declare in favor of it, but we fail to distinguish the difference.

Listen to the optimistic refrain of the Louisville Medical News: "We believe it will be conceded by all fair-minded and well-informed observers of medical progress in America that at no previous period in our history has the work of the colleges been so thorough and the graduate so well prepared to discharge the duties of practical medical life as at the present time." We believe that when our excellent friend penned this sentiment he was obfuscated with the glamour of the commencement exercises in which the flowery Parvin delivered the address which dealt the theory of evolution its death blow.

The ungodly city of Cleveland has determined to institute weekly examinations of the inmates of its brothels, and to send to a special hospital all soiled doves found to have solutions in the continuity of their vaginal mucous lining. When we suggested this measure for this city some time ago we were severely taken to task by the conservators of our city's morals. It would, it was conceded, be a grand thing for the physical being of our youth, but the effect on morality which its apparent legalization of prostitution would have, would be very disastrous!

The Western Medical Reporter suggests that in cases in which iodoform is employed for certain purposes, the bandaging of a finger with a piece of muslin, on which a little of the ointment of iodoform has been smeared, is a good device for allaying any suspicion which the odor of the drug may arouse. The Medical Record has no faith in it. It may do, says our astute contemporary, for the children of Light who populate the great west; but the children of Darkness, as generally met with near the Atlantic coast, would look with scorn on so transparent a subterfuge.

A French lady asked Arago what comets are made of. "Madame, I do not know," replied the savant. "Then what is the use of being an Academician?" "Madam, that I may be able to say I do not know." Arago had probably read of Confucius, who said: "What we know, to know that we know it; what we do not know, to know that we do not know it—this is knowledge."

The Association of Physicians of Munich, Germany, recently addressed a petition to the Federal Council, asking an extension of the necessary period of study previous to entrance for examination for the degree in medicine, from four to five years. Those Teutons must be singularly dull. Two years of six months each is all the time the majority American colleges require to turn out a doctor.

For a piece of transparent advertising palmed off under the head of news, we have yet to see anything quite equal to that in the Maryland Medical Journal of the 1st inst. Courtesy to an advertiser, either actual or prospective, is quite commendable, but it does not demand that deliberate misstatements should be made to the detriment of competitors. The puff referred to is, moreover, so very clumsily done as to make it doubly discreditable.

There are rumors of the incubation of a new New York Medical Society—one which shall acknowledge the validity of the ethical bonds with which the American Medical Association grapples to its soul the outlying provinces, as it were. There is a very large element in New York whose members desire to walk humbly before the creator of the Code which forbids commerce with the unclean "irregulars."

The Lancet reproduces the verdict of a coroner's jury in New South Wales. It will compare very favorably with like declarations occasionally made at "crowner's quests" in this country: We are of "A Pinion that the deceast met her death from violent infirmation in the arm produest from uuoan caws."

Dr. Higgins, of Penfield, Ill., reports to the Medical Record, the case of a woman aged seventy-six who meustruates regularly. Her youngest child was born when when she was forty-six. Following this were seven years of irregular menstruation and menorrhagia, but after that the function has been regularly performed.

Squibb's Ephemeris is authority for the statement that bitter and nauseous medicines are best taken simply diluted with iced water. A mouthful or two of iced water taken before and after the dose blunts the sense of taste and the dose taken between them in a wine-glassful of iced water renders it easily taken by most persons.

Dr. B. W. Richardson in recommending to students the reading of biographies says, "a man who will begin as a student to learn the lives of great men of the past, and will pass from one life to another regularly until he has made as many of the great ones of the past his bosom friends as he can, will at all times be miles in advance of other men who have made no such friendships."

A "Good Templar's Sparkling Champagne" which it was claimed contained nothing which would inebriate, was recently analyzed and found to contain twenty-five per cent. of proof spirit. Inexorable science seems determined to allow ye templar no indulgences.

A half glass of very hot water, taken morning and evening is said to be an American panacea lately introduced into England as a "pick-me-up." It has been found especially valuable is gout, rheumatism, indigestion, dyspepsia, etc., as occurring in those whose brains are habitually heavily taxed.

"Tickerosis" is the name given a new disease which has developed. It affects the optic nerve and the spinal column and is caused by watching the tickers in the broker's offices. It is said to prevail extensively in some cities.

Pacific Medical and Surgical Journal: "A Mobile doctor recognizes syphilis entirely by the smell! Next!" A Detroit doctor recognizes small-pox by the smell, yea even before the eruption has appeared.

Dangers from the Injudicious Use of Quinine.

BY C. BARLOW, M. D., EATON, ILL.

The article under the above heading in the last issue of the MEDICAL AGE has prompted me to give some of my experience with the drug; also some observations in regard to the indiscriminate use of it in this locality. Sometimes I think we, of the profession, use quinine extravagantly; but when I remember the reckless use of it by the laity, and the immense doses given by many of our reputable physicians, I am led to doubt the possibility of its doing harm. The majority of farmers keep it on hand constantly and use it for nearly all their ailments. They use it as a preventive of malarial fever, and almost invariably for colds. I have heard a dozen of them remark, within the past week, that quinine is the best remedy they can take for a cold; and many of them believe they prevent sickness by giving it to each member of the family, every two or three days, during a sickly season. So well do the laity understand that quinine will be prescribed when they send for the doctor that they frequently have mucilage of slippery elm prepared as a vehicle in which to administer the drug, and they are scarcely ever disappointed. The explanation of this is quite intelligible: Malaria is the chief cause, or a complication of disease in this locality, and a malarial element is distinguishable in almost all diseases which we have to treat. Prof. Yandell can find some consolation in the fact that malaria, in this section, gives rise to a kind of skin disease which in appearance resembles measles, and which is accompanied by a remittent fever; we prescribe quinine in this exanthem with invariable success. We recognize a malarial element in many cases of pneumonia and give quinine in five or six grain doses every two or three hours for a day or two, after which we prolong the time and diminish the dose. Some of our physicians prescribe it in large doses for its sedative influence in the first stage of pneumonia, as an abortive treatment; and from my limited experience with this use of it I am inclined to the opinion that it will frequently succeed. Of course all forms of malarial fever are treated with quinine. For chills we usually prescribe six 5-grain doses, or, as some prefer, give the thirty grains at a single dose; and if there is much congestion, an additional ten grains every two hours for the first eighteen or twenty hours; then give it in smaller doses farther apart, as indicated. A friend of mine informed me that he gave a lady, who was suffering from a severe attack of congestive fever, forty grains at a dose, every two hours, until she had taken ten doses. She made a good recovery, and there remained no injurious effects from the quinine. Typho-malarial fever has been quite prevalent in this locality of late years. In treating it we prescribe quinine as plentifully as in ordinary malarial fever during the first week. After this, we give it in tonic doses, except when the temperature reaches 104° or more, when many of our physicians give it in sedative doses, with excellent results.

I doubt, however, whether such doses are uniformly free from danger. For instance, I once treated a case of pneumonia with sedative doses of quinine with the following result: Patient had been sick nine days, and had a temperature of 105°. I gave large doses of quinine, which reduced the temperature to 102° and the pulse to about 80. In a few hours I was sent for in haste, and found patient in a state of collapse, which terminated fatally in a few hours. I cannot say whether the quinine hastened this unhappy termination of this case or not, but it might have done it. This patient was nervous and could not sleep, and in my experience those are the patients, if there are any, who cannot bear sedative doses of quinine.

I once gave a little girl of three years about four grains of quinine every three hours during the night. Next morning I found her in convulsions, which very nearly proved fatal; but from which recovery was complete after several days. She

had been sick nine or ten days before I gave the quinine, and as patients do not usually recover from such severe attacks of eclampsia which come on so late in the course of the disease, I thought it possible that the medicine had caused the attack. I discontinued the quinine and there were no more convulsions. But a mere suspicion of its hurtful effects is not a valid argument against such a valuable remedy. The liability of quinine to do harm when prescribed for colds must be very small when we remember the extravagant manner in which it is used for other complaints. We may indeed doubt, except in rare cases, its liability to do harm.

The two cases given above are the only ones which have occurred in my practice in which I have had the least reason to even suspect that quinine had a deleterious effect. I treated a case of puerperal septicæmia a short time ago in a very nervous lady. Another physician saw the case with me, and it was his opinion that quinine was contraindicated except in tonic doses, which we gave every four hours for three days, when the temperature ran up to 107½°. Large doses were now given with the effect of reducing the temperature to 98°, after which patient improved rapidly and was dismissed from treatment in a few days. This was a case in which quinine was thought to be inadmissible, and the notion placed our patient's life in great danger.

From experience and observation in this malarial region, I conclude that quinine can hardly be given amiss. The profession here regard it as a powerful, and almost, if not entirely harmless remedy.

Gun-Shot Wound of Stomach—Recovery.

BY D. B. COLLINS, M. D., ST. PETER, MINN.

During the night of August 31, 1880, I was called out in the country to see a boy, æt. 13, who had received an injury from a revolver fired at a distance of ten or 12 feet. Upon my arrival I found the following state of affairs: On the day previous there had arrived at the house, a young man from the old country; he had not been able to take his baggage with him that day, so it was brought out the 31st. On receiving it he commenced distributing the gifts that had been sent by friends in Sweeden to the people he was stopping with, and, as a consequence the children were around where they might get a view of all that was taking place. The distribution finished he began to display some of his own worldly effects, among which was a cheap "self-cocking revolver." It carried a No. 44 cartridge, and, as the sequel shows it was a dangerous tool to have around. During the exhibition it was accidentally discharged and wounded the boy in question. The person that had the revolver, was standing up, and the wounded boy was sitting down to the left facing him. About ten hours had intervened between the time he was injured and the hour of my visit. I found him suffering from shock and in a state of almost complete collapse. There was just a trace of the pulse at the wrist, vomiting of blood, thirst, and intense pain over the abdomen. Upon examination I found a wound 1½ inches to the right of the 8th rib of the left side, and large enough to admit the end of my little finger. From the location of the wound and the respective positions of the one with the revolver and the boy shot, I could not doubt that the stomach was wounded. To confirm this suspicion I gave the boy a drink of water and turned him over on his face, when there was an escape of the fluid and pieces of clotted blood from the wound. The condition of the patient led me to give an unfavorable prognosis, but to relieve him from the pain and shock, I gave hypodermic injections of morph. sulph. and brandy, and surrounded the patient with hot bricks wrapped in moist woollen cloths, etc. The vomiting and pain were considerably relieved before I left, but the condition of shock was still present. I had very little morphine with me and nothing but compressed tablets of Dover's powder to take its place. I directed the use of stimulants, etc, as long as they were indicated, and started for home expecting to hear of the boy's death at almost any time.

On the 2d of September I was again sent for, and found the patient suffering from general peritonitis. The whole abdomen was swollen and tympanitic. Pulse 140; temperature 104½. Tongue dry and coated. There was considerable pain, with occasional vomiting. The wound was glazed over with a brownish exudate. I administered full doses of opium and tr. aconite, hot fomentations over the abdomen, and ordered an injection of milk and beef tea. I saw him again on the 3d, and found him with a pulse of 110; temperature 101½; pain less and no vomiting. The injection ordered the day before had caused a free movement of the bowels, and in the passage were found pieces of cloth and clotted blood. At this visit he complained of pain in right hip, just below the crest of the ilium, which, from the situation of persons at the time the revolver was fired, I have no doubt was caused by the bullet, which in all probability was lodged in this portion of the pelvis. I could detect no crepitus, though there was marked tenderness. My opinion, was and still is, that, owing to the want of force, the ball simply entered the boue and remained there. The age of the patient was in his favor, as regards his escape from a fracture. An older person would in all probability have sustained fracture from a similar injury.

From this time on the symptoms were all of the most favorable nature. Here I would say that all through all his trouble the patient helped himself, getting up, etc., alone, saying that it gave him less pain than when others tried to assist him. My attendance terminated the 8th of September.

During the winter of 1882 the boy died of diphtheria. No autopsy was held, as the parents objected.

This case is reported for the reason that it belongs to a class that is certainly not of every-day occur-

rence. It also demonstrated how a favorable termination occasionally follows symptoms that usually precede quite an opposite result.

The Prognosis in Chronic Kidney Diseases.

BY ORVILLE W. OWEN, M. D., LECTURER ON PHYSIOLOGY, DETROIT MEDICAL COLLEGE.

Usually the prognosis in chronic kidney diseases is of decidedly too grave a character. Leaving out of consideration acute diseases of these organs, we find chronicity of long standing the rule, and not the exception. Let us take up each especial disease by itself, and note the period of time covered between the recognition (for usually the disease has been present for some length of time before recognized as such,) and recovery or death. Chronic nephritis usually extends over a period of months or even years. Dickerson in his work on albuminuria records (page 35) a case lasting two years, with ultimate recovery. I have the records of two cases where the disease has lasted in one, three; in the other, one and one-half years; and the patients are still alive.

Hoffman and Ultzman, in the American edition of their work, say (page 217): "The prognosis is not very favorable. There are, indeed, cases in which, after years of a dropsical and albuminurious condition, recovery has taken place."

Dr. Wm. Roberts (Urinary and Renal Diseases, page 401,) says: "The usual period is from two to three years, but cases may end in six months or be protracted for four or five years. Exceptional instances have been recorded in which patients have survived ten years (Johnson & Kussmaul), and even fifteen (Bright) and twenty-three years (Oppalger)."

In granular degeneration, we find patients living from six months to twenty years (Dickinson Ibid, page 127,). A case recently under my own observation has been under treatment for some eight or nine years, by different physicians.

The lardaceous kidney (waxy or so-called amyloid) is essentially a chronic disease, lasting for years as a rule, and patients usually die from some complication *e. g.* lung, intestinal, etc.

Diabetes mellitus though not usually primarily a kidney disease is of a slow and chronic character, extending over a period of years ranging from one to six or even eight.

Dr. A. Meigs, of Philadelphia, (South. Pract.) says: "In no ordinary uncomplicated case of Bright's disease should a prognosis of speedy death or even of incurable disease be given, for I have related cases in which the disease was chronic, lasting more than two years and which ended in complete recovery, and others in which the person affected has lived years."

My own observation has led me to the conclusion that a very cautious prognosis should be given in all chronic diseases of the kidneys. A case illustrative of this may be of service: I was requested by a physician of this city to examine a specimen of urine for him and found albumen, 5-6 blood, and large numbers of hyaline and fibrin casts, kidney epithelium in large amount with some pus. The urine was very dark-colored and putrid. After making the examination in all its details, I reported "Bright's disease" and added that the patient would in all probability succumb to the attack in a very short period of time. I thought no more about the case for some months when I met the doctor and asked him how long that patient lived? "Lived!" "Why, doctor he is alive now, and can do more work than you can." I have become very cautious since pronouncing any disease of the kidney fatal in a given period of time unless both kidneys are affected, which neceessarily in the above case could not have been.

177 Griswold St.

Chicken-Pox in the Adult.

BY C. G. DAVIS, M. D., MILFORD, MICH.

In the MEDICAL AGE of February 10, and also in a previous issue, I saw articles which tend to show that it is next to impossible for adults to have chicken-pox. Now comes an article from Dr. Root, of Monroe, which contradicts the statement. I also wish to put in my evidence in confirmation of Dr. Root's experience while the matter is being discussed, because I believe it to be a not uncommon occurrence.

Nine years ago this spring my children (four in number) all had chicken-pox. About ten days after their recovery I was taken sick myself, not knowing the first day what the trouble was, until the next morning, when I discovered the eruption beginning to make its appearance; during the day came out very profusely all over my body and limbs. I counted over one hundred well defined papules on my face, and they were nearly as thick on my body. I was quite sick the first two days, but they all aborted during the second and third day and on the fourth I was out again. There could not have been the slightest doubt about its being varicella, as there had been no cases of small-pox or varioloid anywhere near for several years. Another uncommon thing about it was, that it was the second attack, as my mother, who is yet living, says she is positive I had it when about one year old.

I for one know that adults can have varicella, and I believe such cases are more frequent than certain doctors, that are quoted as high authority, will admit, and more frequent than they know of, as such cases are not usually reported unless a discussion arises like the present one.

While the Louisvile Medical News declares that medical education is more effective now than ever before, its local contemporary, the Medical Herald, holds that facts "show plainly enough that medical honors are too easy" in that city.

The Medical Age.

Vol. I. DETROIT, APRIL 10, 1883. No. 7

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PHILADELPHIA ENTERPRISE.—Reporter and Publisher Miller takes exception to our selection of his case to adorn our tale of Philadelphia Enterprise, in out issue of 10th ult. He asks our publisher to request us to publish, as a matter of justice, his communication on the subject under date of March 10th. We have received no letter under this date, the only two with which we have been favored being one without date and another dated March 11th. As we have no desire to do Dr. Miller any injustice we reproduce herewith his two communications, and in order that they may appear more clear we publish also the notes from Professor DaCosta which called them forth. Perhaps these letters may sufficiently interest our readers to warrant the space which they occupy:

DEAR DOCTOR—A copy of AGE of February 10th just to hand. Have looked up the lecture referred to by you, in my note-book and find that it stands under DaCosta's name. It was delivered four or five years ago and DaCosta has probably forgotten that he delivered it. We are all, of course, liable to be in error, but I think that my note-book is more accurate than DaCosta's memory.

I send you a copy of The American Practice by this mail. Could you not review it in the AGE for March 10th? Please state in your review that the price is $5.00 in cloth and $6.00 in sheep, and that it is only for sale by the publisher, S. M. Miller, box 1918, Philadelphia, Pa. Write a notice that will make it sell.

Please send the AGE to me regularly and be kind enough to request Mr. Davis to let me have his best cash rate for one year for page facing first of reading matter.

Truly,
S. M. MILLER.

PHILADELPHIA, March 11, 1883.

DEAR SIR: Replying to your communication of March 7th.

You are doing us a grave injustice in thus questioning the honesty of our dealings with you in the past.

During the years 1877 and 1878 we took notes of almost every clinical lecture delivered in this city and New York city. Since that time we have not taken any notes.

We did not put any name at the head of the notes of a lecture, but all Da Costa's lectures were in one note book, all Pepper's in another, and so on. Although the greatest care was always taken in copying out each lecture to ascribe it to its proper author, it is possible, although not at all probable, that one of Pepper's lectures might have been taken in the Da Costa note book, or *vice versa*. Everyone is liable to error of this kind.

We know and can prove that Da Costa delivered a series of lectures on "Pleural Effusions," some years ago at the Pennsylvania Hospital and to the best of our knowledge the lectures contained in the MEDICAL AGE of February 10th and 25th were by Da Costa.

Da Costa has a motive in thus denying the authenticity of the reports. He has done it before and has been shut up. Ellerslie Wallace tried the same dodge without success. You do not understand the peculiarities of some of our physicians here, or you would not make the sweeping assertions contained in your favor of the 7th.

Da Costa has been all along trying to limit the taking of notes on his lectures to one stenographer, *i. e.*, Dr. Frank Woodbury, and the publication of such notes to one journal, viz., the Medical and Surgical Reporter. We took all the notes we wanted on his lectures without his knowledge at the direction of editors of other journals, and the eminent diagnostician's rage was such when he saw the lectures published in other journals that he gave orders to have us debarred from attending his clinics, and threatened us with legal proceedings, etc., etc. We hold letters from him bearing directly on this matter. This is but a faint outline sketch of the lively times which we had here. Another item—Bartholow gave us the manuscript of his introductory address at Jefferson Medical College for publication in the Medical Record. No sooner had it

appeared than Wallace, the dean, and Gardette, the president of the College publicly, announced it to be a garbled and false report. Mr. Wm. Wood himself came on here with the manuscript, and demanded a public apology, which was reluctantly given. This is all past and gone now; we no longer report lecturers, but it seems from Da Costa's correspondence that there are still some living embers of the old conflagration.

About the other matter—"furnishing the same original lectures to the other journals" we know nothing until you specify some particular instance and so enable us to examine into the case fully. We have never knowingly allowed the same lecture to be used twice, our invariable custom has been to tear up notes as soon as they have been copied once.

We are sorry to intrude to such an extent upon your time, but we feel compelled to justify ourselves in the light of our statements.

Very respectfully,
SAMUEL M. MILLER.

PHILADELPHIA, 1700 Walnut street. February 15, 1883.

MY DEAR SIR—The copies of the MEDICAL AGE you sent have reached me. I can only say that I think in the article with which my name is connected you have been imposed upon. I do not recollect ever to have seen the case or delivered any such lecture at any time.

Very truly yours,
J. M. DACOSTA.

PHILADELPHIA, 1700 Walnut street, March 3, 1883.

MY DEAR SIR—I have received from you copies of No. 4 of the MEDICAL AGE containing an article on Pleural Effusion attributed to me. I can only say that you have been again imposed upon. I never saw any of these cases and know nothing of them. I think it would be just to publish my denial, and certainly not to print any further communications until I had been asked about them.

Very truly yours,
J. M. DACOSTA.

The following from Dr. C. Henri Leonard has also a bearing on the case: "I see in a late issue of the AGE, a paragraph on the Philadelphia Miller, of publishing fame. I would also add to the imposition there narrated, that of furnishing your columns with a three-page lecture from Prof. Agnew, in a recent issue of your journal, that was, verbatim, the same as he furnished me for my journal (Leonard's Illustrated Medical) three years ago. I paid him fully for the communication then, yet he has had the cheek to palm that off as original upon you."

THE NEW YORK CODE.—In the face of the fact that the American Medical Association had refused to recognize its delegates, the New York Medical Society met in February and re-affirmed the position which it has taken on the question of ethics, and on account of which it had been unceremoniously bounced from the parent fold. Regardless of the merits of the case there is an element in human nature which compels admiration for the manly stand thus taken by our New York brethren. We should not have thought well of them had they taken the snubbing given them at St. Paul and returned cringing to lick the hand that smote them. Had they done otherwise than they have done they would have been held in contempt by even those who do not endorse their new code. There is nothing which true men admire more than the endurance of hardship through devotion to principle, and there is nothing more despicable than the time-serving policy which surrenders conviction to expediency. The important movement of the New York Medical Society should not have been decided on except as a result of honest conviction and after careful deliberation. Without such conviction and deliberation its action would have been a piece of despicable buncombe, and with such an incentive, to surrender would be but to declare itself a craven. It may be argued that being amenable to the American Medical Association it should have accepted the situation when its delegates were refused admission at the St. Paul meeting, and have surrendered to the majority. We believe in majority rule but protest against any tyranny on the part of the majority. Had the Association received New York and allowed it a dispassionate hearing before passing judgement on its action, the case would have presented a quite different aspect. While the Judicial Council, with its power of adjudicating without the right to appeal from its decisions, may be a very salutary arrangement in many respects, its action in the case of the New York delegates at the last meeting of the Association is an illustration of the flagrant wrongs it has the power to perpetrate. The question involved was one of vital interest to the profession, not of New York alone but of the nation, and to have had it disposed of without debate and without even a vote of the representatives of the profession as they were present from the different states, was a great wrong, and had our New York brethren not resented it in precisely the manner they have, they would not have been worthy the profession of which they are and will remain members, non-representation in the national association to the contrary notwithstanding.

It is not our purpose to discuss the merits of the New York Code at this time or even to pronounce an opinion in regard to it. We desire merely to refer to the spirit in which it has been criticized by some of our contemporaries. That spirit has in many instances been a reflection on the toleration and fair-mindedness of the regular medical profession. From quarters, coming from which they have been a painful surprise, the criticisms have been of such a personal nature as to be entirely unworthy the organs of a liberal and high minded profession. The motives of the framers and advocates of the code have been so coarsely impugned in them as to make it compromise of proper professional dignity to even notice them, and the two journals in New York which have advocated the new departure have but increased the respect which their calm, dispassionate discussion of it has created, by not deigning to notice the ill-natured personalities which have

been indulged in in lieu of argument. Because when the matter was pending they in an emphatic manner and in a legitimate spirit of controversy, discussed the defects of the old code and merits of the new, they were accused of being the tools of a coterie of New York specialists, and of advocating the change for sinister proposes. Now after the State Society has taken final action and when to continue the discussion would "stale, flat and unprofitable," as well as liable to irritate those of opposite views whose minds are thoroughly made up, they have let the matter drop, they are taunted with being not at all "enthusiastic" or "exultant" over the success which has attended their efforts, and are accused of having their ardor dampened by the disapproval of the profession which from "the beginning has placed only one estimate on the motives which have actuated this movement." Exultation over a defeated combatant is no longer regarded as either necessary or even pardonable among men of finer sensibilities. There was a time in the history of the race when such exultation was quite in keeping, but we have outlived those days of animalism and the qualities which are now regnant do not tolerate it, and not to exult is no longer regarded as by any means an evidence of practical defeat.

It is very much to be regretted that the discussion of this important question should have been marred, as it has been, by the intemperate language and ascription of motive to which we have referred. There is no such paucity of arguments against the new code as makes it nesessary to go back of the instrument itself to impugn the motives of its advocates. Those who fail to discover these arguments, or having discovered them think invective more convincing than argument, are not properly qualified for a part in the discussion.

Electricity as an Etiological Factor.—The questions which cluster around the genesis of disease do not seem to be satisfactorily settled and scientifically considered they do not appear susceptible of an absolute solution. Electricity as a therapeutic agent is extensively employed and its properties and uses are comparatively well understood. Of course it is not this form of it that is meant when it is referred to as a factor in the causation of disease, but rather the general supply of it pervading the earth and the air which is recognized by the phrase free electricity. And the question in regard to this form is whether disturbance of its normal proportion—its entire absence or its presence in increased quantity is a factor in the production of disease.

Dr. G. A. Sprechor, in the Pacific Medical and Surgical Journal, for February, discusses this subject under the proposition: "What part may atmospheric electricity play in zymotic diseases?" But has reference more particularly to so-called malaria. He does not believe that the existence of a specific cause of malarious diseases has been definitely demonstrated, but while not attacking the old doctrine he is content to broach and maintain another theory.

As instances of disturbed atmospheric electricity he cites two well known facts recorded in Braithwaite's Retrospect, vol. xx, pp. 350–351, where they are given in support of what was termed the "electrical theory" of cholera. These are as follows: During the epidemic of cholera in Paris in 1849, Andrand made daily experiments with an electrical machine which ordinarily gave off large and brilliant sparks. After the invasion of the epidemic the sparks diminished in size and were obtained with more difficulty. This occurred through the months of April and May. When the mortality was at its greatest height on the 7th of June no sparks could be produced, the machine being "dumb" as M. Andrand expresses it. On the morning of the 8th some feeble sparks re-appeared and they gradually increased in intensity. Towards evening a storm announced that the electricity had re entered its domain. On the six days following the 8th of June the mortality in Paris fell from 667 to 355.

The other fact is related by Dr. Kidd, of Limerick. While the cholera was raging in that city a large magnet capable of sustaining seventy pound was watched daily. No variation took place in it. On the appearance of the epidemic in Dublin a hundred miles east and having disappeared from Limerick the magnet suddenly lost almost all its power.

In view of these facts Dr. Sprechor asks in reference to the protective value of certain trees against malaria, especially the eucalyptus: Do these trees absorb a poison, strain out noxious gases, kill a germ, or do they insulate electrically the protected vicinage? Or do they change and divert currents of air or currents of electricity? Why is the eucalyptus more effective than other trees? It is because it is a greater absorber of moisture or do its resins have a germicidal effect? Or do its resins act as electric insulators?

In reference to a person moving over damp or illy-drained land which acts as a conductor to his electricity and the atmosphere of which is in a negative condition he asks: Does this process render him liable to become a prey to a poison or a germ or does this loss of the electric fluid constitute or produce the disease? Is this condition of electrical deprivation the paludal state?

These are interesting queries. The inquiring mind is not fully satisfied with the explanation of the causes of disease as afforded by the germ theory. Undoubtedly the electrical conditions of the atmosphere have much influence upon the well-being of humanity. It is possible that disturbances of electricity may engender disease. It seems likely that if certain belts of territory on the earth's surface were deprived of electricity by some conjunction of physical forces beyond the ken of man, that epidemic diseases would arise. These belts might be movable and then the epidemic would be seen to travel as the belt of electrical deprivation changed. These forces might be of such a nature as to overcome the supposed influence of the railroads in equalizing the

currents of telluric electricity. In such case it would seem plain that an epidemic could not be attributed solely to the electrical disturbances, but would have to be ascribed to some other morbific condition. It would remain, however, that general disturbances of electricity extending over a large scope of country would constitute a factor of etiology, but it is left to be determined whether the electrical condition of the air of localities enters as an element of causation into each case of disease.

Cremation and Inhumation.—The announcement of the formation of a cremation society in Chicago, with a capital stock of $100,000, will have the effect of exciting renewed interest in the question of the comparative merits of burning and burial as means of disposing of the inanimate human body. The question of cremation has repeatedly come up during the past quarter of a century, but though it has pressed hard for a solution, it has received the thoughtful, practical attention of but a few. There is so very much in its surroundings calculated to appeal to sentiment instead of reason, that the minds of the masses, always more under the sway of the former than governed by the latter, have not been able or disposed to perfectly dissociate it and to regard it as a scientific question, or to view it from a utilitarian or sanitarian standpoint. The associations which have through the custom of so many ecuturies clustered round the Christian grave, so appeal to the dearest and most sacred sentiments of the human heart, that it is well-nigh a sacrilege in many minds to speak of introducing a substitute for that grave. Burning is, also, such a painful accident, that it is difficult or well-nigh impossible to disassociate its effect on the dead, insensate body from the poignancy of its torture on the living, sentient tissue, and the unthinking masses cannot contemplate the substitution of a process which accomplishes in a few hours simply what inhumation takes a century to effect, viz., the inevitable resolution of the body into its original elements. The association of cruel flames with the remains of the loved one is revolting, and more particularly to the many (perhaps the majority of Christian people) who still believe in the existence, present or prospective, somewhere, of a literal, fiery hell. The age of a custom, moreover, has a very potent influence, and earth-burial is not the only custom the strongest argument against the abolishment of which, is the fact that it has come down to us covered with the mosses of the centuries. Burning is again regarded as a heathenish mode of disposing of the dead, and is on this account obnoxious to Christian sentiment. Although the scriptures are silent as regards express instructions for the disposal of the dead, the records show that the Jews, among the ancient people, practiced earth-burial, while among the Greeks and Romans and other civilized nations the funeral pyre took the place of the grave. With the advent of Christianity, the zeal of the proselytes displayed itself in a similar revolt against all pagan customs, to that in which prostestant zealots signified their lack of sympathy with papal institutions, and which for several centuries deprived the churches of the reformation of the truly humanizing and elevating influence of the arts, of which the mother church was so largely the repository. Gentiles who had previously burned their dead, regarding the pyre as a distinctively heathenish institution, abandoned it for the practice which obtained among the Jews, and that with no higher authority than prejudice, as far as the records show, inhumation became so thoroughly the practice of the Christian church as to have come to be regarded by many as an essential institution. Earth-burial was furthermore encouraged by the belief in the resurrection of the material body which characterized the early church.

There are other causes which have aided in fostering earth-burial in civilized and christianized countries, but those mentioned have been the most effective. An analysis of them will show how utterly unworthy they are when viewed in the light of advanced thought, and in the light of that law of the higher civilization which provides for the greatest good to the greatest number. They are very largely merely sentimental. Sentiment is one of the beautiful flowers of the human heart, but it is largely a thing of cultivation, and this cultivation may be at the expense of interests which are literally vital. It can be shown that inhumation, as a means of disposing of the dead, is objectionable on sanitary grounds, it is the part of the true philanthropist to cast about for other means free from these objections. Is inhumation objectionable on these grounds? We deem it quite superfluous to discuss this question. There is not a state board of health in the country whose attention has not been attracted to it and in no instance has an investigation failed to furnish abundant and incontrovertible testimony in support of the affirmative. The record of dysentery, typhoid fever, diphtheria, etc., traceable to the pollution of wells and springs in the neighborhood of burial grounds, is enough to establish the mephitic influence of decomposing animal matter. And it is only in a comparatively few instances that the cause can be directly traced, the means of determining the evils of the decomposition of the millions of dead, being inadequate. The evils in densely populated countries must be of frightful enormity. A few figures from "Social Notes" by Mr. W. Carr Thomas will give some conception of what these may be. The registered deaths in Great Britain and Ireland for 1874 were 699,747. Taking this as an approximate annual mortality and allowing ten years for the decomposition of the soft parts, and we have 7,000,000 of festering human bodies constantly sending off their effluvia to contaminate the atmosphere or sending down the products of the decomposition to pollute the sources of water supply in that country. But great as are the dangers associated with inhumation and due to decomposition they are indefinitely increased when we consider them in the light of the germ theory of contagious diseases. If, indeed, this theory be true, all hope of

eradicating such diseases as have their origin in specific germs which are communicated from body to body must be abandoned. The grain entombed with the Egyptian mummies sprouted into life when placed in suitable soil after forty centuries, and we have no evidence to show that the germs of disease are not equally tenacious of vitality; the weight of evidence, indeed, shows that they are not less so. This being so, what vast stores of the germs of yellow fever, Asiatic cholera, small-pox, diphtheria, scarlet fever, etc., we have accumulated and are still accumulating in our grave-yards as a legacy for posterity! In the course of events growth of cities, demands of improvement, etc., the disinterment of remains of the departed and the breaking up of cemeteries is constantly going on. Who, therefore, can tell how many of the mysterious "visitations of Providence" are not traceable to such source? But such disinterments and breaking up are not necessary to set free these germs. They are constantly permeating the soil and finding their way out to create fresh centres for the generation of endemic and epidemics. It is customary for those who hold to the non-contagious nature of certain disease to argue their apparently spontaneous origin in communities, as evidence in support of their position. Such argument is fallacious in the extreme, if we accept (and we cannot well reject it) the germ theory. The last case in an endemic of small-pox may have been laid away to decay, and no further appearance of the disease may show itself for years, but in time the germ, liberated from the decomposing mass, finds its way into the atmosphere through the covering of earth, or permeates the soil to find an outlet in some spring or well, and thus gains an entrance in the body of its unsuspecting victim.

The evils of inhumation having been thus hinted at we shall endeavor to present the benefits of cremation in our next.

THE DOCTOR'S DREAM.—The following (but slightly altered) is from Punch:

I am sitting alone, by the surgery fire, with my pipe alight,
now the day is done:
The village is quiet, the wife's asleep, the child is hush'd,
and the clock strikes One!
And I think to myself, as I read the MEDICAL AGE, and I bless
my life for the peace upstairs,
That the burden's sore for the best of men, but few can
dream what a Doctor bears;
For here I sit at the close of a day, whilst others have
counted their profit and gain,
And I have tried as much as a man can do, in my humble
manner, to soften pain:
I've warned them all, in my learned way, of careful diet, and
talked of tone.
And when I have preached of regular meals I've scarcely
had time to swallow my own.
I was waked last night in my first long sleep, when I crawled
to bed from my rounds dead beat.
"Ah, the Doctor's called!" and they turned and snored, as
my trap went rattling down the street!

I sowed my oats, pretty wild they were, in the regular man
ner when life was free,
For a Medical Student isn't a Saint, any more than your
orthodox Pharisee!
I suppose I did what others have done, since the whirligig
round of folly began.
And the ignorant pleasures I loved as a boy—I have pretty
well cursed since I came to be man.
But still I recall through the mist of years and through the
portals of memory steal,
The kindly voice of the dear old man who talked to us lads
of the men who heal,
Of the splendid mission in life for those who study the
science that comes from God,
Who buckles the armor of Nature on, who bare their breast
and who kiss the rod.
So the boy disappeared in the faith of the man, and the oats
were sowed, but I never forgot
There were few better things in the world to do than to lose
all self in the doctor's lot.

So I left life that had seemed so dear, to earn a crust that
isn't so cheap.
And I bought a share of a practice here, to win my way,
and to lose my sleep;
To be day and night at the beck and call of men who ail,
and women who lie;
To know how often the rascals live, and see with sorrow the
dear ones die;
To be laughed to scorn as a man who fails, when Nature
pays her terrible debt;
To give a mother her first-born's smile, and leave the eyes of
the husband wet;
To face and brave the gossip and stuff that travels about
through a country town;
To be thrown in the way of hysterical girls, and live all ter-
rible scandals down;
To study at night in the papers here of new disease and of
human ills;
To work like a slave for a weary year, and then to be cursed
when I sent my bills!

Upon my honor, we're not too hard on those who cannot
afford to pay.
For nothing I've cured the widow and child: for nothing I've
watched till the night turned day:
I've earned the prayers of the poor, thank God, and I've
born the sneers of the pampered beast,
I've heard confessions and kept them safe as a sacred trust,
like a righteous priest.
To do my duty I never have sworn, as others must do in this
world of woe,
But I've driven away to the bed of pain, through days of
rain through nights of snow.

* * * * * * *

As here I sit and I smoke my pipe, when the day is done and
the wife's asleep,
I think of that brother-in-arms who's gone, and utter—well,
something loud and deep!
And I read the MEDICAL AGE and I fling it down, and I fancy
I hear in the night that scream,
Of a woman who's crying for vengeance! Hark! No, the
house is still! It's a Doctor's Dream.

CONSTIPATION IN THE INFANT.—Dr. E. B. McCormick, Masonville, Ky.: In response to the request of Dr. J. A Postlewait, of Tarkie, Mo., in your last issue, I will suggest that the doctor prescribe the following for his patient:

R Resinæ podophylli..... gr. iv.
Alcoholis..... ℥ ss.

M. Sig. Five to ten drops, night and morning, for a child one year old.

If there is indigestion, tr. nux vomica should be prescribed at the same time.

Dr. Albert G. Craig, Vevay, Ind., writes. In response to the request for a cathartic for infants,

I would recommend Husband's calcined magnesia, given in syrup of rhubarb, lemonade, or water. It is tasteless and efficient, acting promptly, without inducing griping.

Dr. T. C. Renter, of New York, has found a combination of castor oil and glycerine of very great value in the constipation of infants. He gives a mixture of a half teaspoonful of each at a dose. We notice that this experience conforms to that given by Mr. Wm. Soper in the Lancet. Mr. S. regards glycerin as peculiarly valuable through its solvent action on the hardened masses which have accumulated. In chronic constipation, hæmorrhoids and anæmia the combination has done good service in his hands.

Dr. Geo. R. Young, of Belfast, writes to the Lancet: A mixture, which is of an agreeable flavor and in which the nauseous smell of the oil is efficiently disguised, can be made thus:

R	Ol. ricini	ʒ j
	Glycerinæ	ʒ j
	Tr. aurantii	ɱxx
	Tr. senegæ	ɱv
	Aquæ cinnam	ad ʒ ss.

This forms a beautiful emulsion, is easily taken by children, and is administered at bedtime will produce a gentle motion the following morning. In cases of habitual constipation, when this mixture is repeated for three or four nights, it brings about a regular morning motion. The tincture of senega is used to emulsify the oil, and as the quantity employed is small its use can not be objectionable from a therapeutic point of view.

THE MICHIGAN STATE BOARD OF HEALTH.—Reform is in some minds a synonym for disturbance. This statement finds ample illustration in the bills introduced at each session of our state legislature. It seems to be the settled conviction of many representatives in that body that they have been sent there to make a noise, and they only await their opportunity to attract attention. Fortunately, the preponderating good sense of the body is an effectual safe-guard against the mischief which individual members would work in their efforts at notoriety. We called attention some time ago to the effort to upset the present wise arrangement for providing for the supply of dissecting material for our colleges, an arrangement, we repeat, which scarcely admits of betterment. We have faith in the intelligence of the better portion of the legislature and thus have little fear that the demagogical effort to repeal the present anatomy act will be attended with even a measure of success.

Another illustration of the meddlesomeness of our legislators, of the class referred to, is afforded by the opposition to our State Board of Health. That any one possessed of a sufficient amount of intelligence to secure an election to a state legislature, should seek to secure the abolition of an institution of such a nature, is almost incredible. There is probably no state institution which yields better returns for the capital invested than does the State Board of Health. The appreciable results have already vastly more than repaid the state for the outlay since the organization of this board, while those which have never come to the surface, in form appreciable to the people, have been of inestimable value. The Michigan State Board of Health has been a model for most of the boards organized in other states, and is recognized abroad as occupying a prominent position among the leading organizations of this nature wherever existing. Peculiarly fortunate in the original selection of its secretary and executive officer, the appointments by the governor of its members have always been very judicious. It is an institution in which the citizens of this commonwealth have cause for just pride. It is extremely unfortunate that such an institution should in any way be liable to be periodically disturbed, or its existence jeopardized, by those possessed of few or any of the qualifications necessary to appreciate its inestimable worth. The same faith, before expressed, forbids us, however, to believe that its interests will be permitted to suffer. We by no means claim that our State Board of Health is all that it might be. It is no disparagement of it to say that there is room for improvement. Let our legislature investigate for its defects and devise means for remedying them. In this work we venture to say none will be found more ready to coöperate than the board itself. To seek to abolish an essential institution because its workings may be defective, before making an attempt to improve them, is unutterable folly. We hope the profession will rally to the support of the board in its emergency.

DR. PARVIN AND EVOLUTION.—In referring to certain remarks on the theory of evolution, by Dr. Parvin in his address before the graduating class of the medical department of the University of Louisville, we interpreted them as implying that the learned doctor repudiates the theory. The following communication we venture to interpret as an intimation that our other interpretation was not correct, and yet we are not altogether sure that we are not again in error:

INDIANAPOLIS, Ind., March 31, 1883.

DEAR DOCTOR:—Please do me the favor to publish the following quotation from the address to which you have referred on page 93 of the AGE. I would like your readers to see what I did say, and then let them accept or reject your interpretation of my language as may seem to them just.

Yours truly,
THEOPHILUS PARVIN.

"On the other hand, last year a distinguished member of our profession, Dr. Constantin James, for many years the assistant of the illustrious Magendie, after a long study on the subject impossible for Mr. Beecher, states not only that Darwinism is false, but that it is the negation of science, the negation of philosophy, and the negation of liberty. The assertions, therefore, of the Brooklyn divine are not to be

accepted as the last words upon this vexed question."

In order that our readers may be still better qualified to pass on the correctness of our interpretation, we take the liberty of supplementing the above quotation with others from the same address: "Mr. Beecher, though unknown among the class of scientific investigators, without reputation or the least authority in the scientific world, asserts from the platform the truth of Darwinism, a theory which can never be proved and which possibly the twentieth century may class among the delusions of the nineteenth." "Doubtless some of you remember reading that it was the contemplation of a statue of an illustrious member of our profession which led Coleridge to this strong utterance as to the simian origin of the race: 'Look at that head of Cline, by Chantrey. Is that forehead, that nose, those temples and that chin akin to the monkey tribe? No, no! To a man of sensiblity no argument could disprove the bestial theory so convincingly as a quiet contemplation of that fine bust.'" "Surely the crown of your spiritual manhood will be saved even in these dark days, when men are tracing our ancestry back through monkey and fish, and down into the slimy depths of the sea."

On Prevention of Laceration of the Female Perinæum.—Mr. Alexander Duke, M. K. Q. C. P. I., Obstetric Physician to Dr. Steveens' Hospital, Dublin, remarks (British Medical Journal): "The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text-books on midwifery,) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain, draw back the perinæum firmly, but gently, toward the coccyx, relaxing the tension, gradually as the pain lessens till the next ensues, and so on till I can draw back the perinæum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perinæum, but when the pubic arch is narrow, which can be easily determined, I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaselin, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, 'the process of extension,' while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

"The drawing back of the perinæum produces no additional pain to the patient, as it is done during an uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perinæum previous to its distention with the presenting part, we should see and hear less of lacerated perinæum."

The Microphyte of Yellow Fever.—Dr. Carmona del Valle believes (British Medical Journal) that he has detected the microphyte characteristic of yellow fever, and proposes to name it *peronospora lutea*. The germs of the eryptogam are found in the patient's excretions, and in the fluids of the organism, especially the blood and the serous discharges resulting from blisters. Dr. Carmona del Valle has also discovered in the matter vomited, besides spores, a large quantity of mycelia of various colors, black predominating. The *vomito negro* (black vomit), according to this author, is due to the presence of these black mycelia; and the blood has no influence on the color. In urine he has observed small, yellowish granules, which give birth to spores. If rabbits or dogs be injected with this urine, they exhibit febrile symptoms, with increase of temperature, which last two or three days; and the urine of the animals under experiment presents the same kind of granules as those observed in that of yellow fever patients. Animals which have once been subjected to injection resist the effects of a second. In order to render an animal exempt from yellow fever, it is sufficient to inject into it a small quantity of distilled water containing the specific fungus of the disease. The spores of the *peronospora lutea* are present in the urine of yellow fever patients for a length of time after their discovery. Their presence, Dr. Carmona del Valle believes, is the reason why such patients are not subject to a second attack. To test the amount of danger of prophylactic injection, Dr. Carmona del Valle performed it on himself without any bad result. His urine, however, for some time contained the characteristic granules.

Comments on the Code.—Dr. Alexander J Stone, vice-president of the American Medical Association and late president of the Minnesota State Medical Society, said in his presidential address:

"The code, since its final adoption, has apparently been laid upon the shelf by the side of the family Bible, to be treated with almost as much reverence, to be read quite as seldom, and to be quoted only when its provisions enable one to discipline a rival, or to exclude him from the benefits of professional affiliation. A judicial consideration of the code forces a conclusion that much which it contains is gratuitous insult to the profession, and more, is rather calculated to amuse than to impress with respect the mind of the layman. There is not a clause or sentence in the first two articles which is not absolutely true; but, should the self evident truths contained in Article 1 be held constantly be

fore the physician, as if by nature he was a brute who is to be taught the ordinary laws of humanity; a fool who must be taught a wisdom in the management of his patients which instinct alone would inculcate; a knave who must be withheld from empiricism; or a man without the instincts of a gentleman? Granted that men enter the ranks of the profession to whom the epithets of 'fool,' 'knave,', or 'clown' apply, of what value are the platitudes concerning brotherly love, or to what good is a formulated code defining the relations of medical men to the public or to each other? Among gentlemen such a code is unnecessary; among pirates it only serves to foster a cathauling hostility; as between a gentleman and a pirate, any difficulty which may arise is not to be satisfactorily settled by a reference to any code, because the standpoints from which each look at matters differ too widely—nor are the penaltics which the code imposes such as to deter a real rascal, nor is that unsovereign body, the medical profession, able to enfore its laws rigorously."

A Prognostic Sign in Pneumonia.—Dr. J. B. Sullivan, of Stanton, Michigan, contributes the following:

I have had considerable experience in the treatment of pneumonia, and have realized, as every practitioner must, that it is a formidable disease. I think I have detected a symptom which, when discovered, indicates an unfavorable prognosis, and the absence of which, justifies a promise of recovery. I have relied on it for twenty years. In a case of typical pneumonia we have five stages, viz., engorgement, red hepatization, gray hepatization, suppuration and resolution. Dr. Stokes describes a stage of arterial injection, before engorgement, but I am content with regarding this as the first stage. Engorgement is congestion of the pulmonary vessels. During red hepatization the lung has a dull reddish-brown tint, and in this stage the sputa will reveal a breaking down of the lung substance, if such destruction is taking place. The pleura almost invariably participates in the inflammatory changes when the superficial portion of the parenchyma is affected. When red hepatization has existed for some days (as it usually does) the color becomes paler and whiter. Gray hepatization succeeds the red and its occurrence may be detected by the color of the sputa. It is at the onset of this stage that we have our sign. If the stage of red hepatization, as indicated in the characteristic reddish sputa, do not continue for at least thirty hours the patient will die. This has been my experience. Practical physicians make a note of it, and report your observations in the Age.

Dry Tapping.—The only case on record is related by Sir Astley Cooper, in his "Lectures," as follows: A surgeon in a country town called upon another surgeon, and said: "I am going to tap a woman to-morrow; perhaps your young gentlemen would like to be present." As it was an operation they had never witnessed, they most readily accepted the invitation. They were shown into a room in which the patient was already prepared to undergo the operation, she sitting at one end, with her abdomen bare. The surgeon then taking his trocar and canula, went to some distance, and walking up to the patient, with the trocar presented, he charged, as it were with a bayonet, and plunged it into the abdomen; then withdrawing the trocar with an air of triumph, it was with no small chagrin he found not a drop of water escape. Still undismayed, however, he withdrew the canula, and again renewing his attack, he a second time introduced the trocar into the abdomen; but was equally unfortunate as before, in finding that no water followed. Waiting a few moments, he withdrew the canula, and turning around to the gentlemen, he said, "You may do her up"; by which he meant they might apply the bandages. He then added, "This, gentlemen, is an operation which you probably never saw before, and which most likely you may never see again. This is what we call the operation of dry tapping."

Inosuria.—Dr. Cochot (Journal de Médicine de Paris, Medical Record) concludes a thesis on this subject as follows:

1. Inosite (muscle sugar) is never met with in normal urine.

2. Urine containing inosite may also contain albumen or ordinary glucose. In some cases, however, the glucose disappears entirely, and is replaced for a time by inosite, or *vice versa*.

3. Thus inosuria is not a separate disease, but is a symptom which may be met with in Bright's disease or diabetes.

4. Whenever we find inosite in the urine we have to do with diabetes or albuminuria. The patient is exposed to the same dangers, and the effects of injuries are equally grave.

5. Since inosuria may supervene upon glycosuria it adds another difficulty to the diagnosis of the latter. For inosite does not turn the plane of polarization, neither does it give the characteristic chemical reactions of glucose.

6. Inosuria is to be suspected when the urine, boiled with Fehling's solution, throws down a flocculent precipitate of a greenish color. But certainty is only obtained by a thorough qualitative analysis.

7. It is of great importance to remember that a patient with inosuria is really the subject of Bright's disease or diabetes, in view of the gravity of operations or of wounds in general in such patients.

A Delicious Feast.—At the annual meeting of the Alumni Association of the Medical College of Ohio on the evening of the 8th ult. the members and invited victims sat down and were regaled with the following menu:

Soup—Vermi-ecili, mutton-broth, oatmeal-gruel, St. Ignatia's bean soup, pea soup (alkaline reaction).

Fish—Cod, with ol. morrhuæ salad, cat, with caper sauce, dog-fish, star-fish.

Meats—Nutmeg liver, amyloid kidney, fatty heart, spleen (ad libitum).

Relishes—Pepsin, ingluvin, hydro-piper, mustard (plasters), salt (Glaubers and Epsom), vinegar (acetum opii).

Wine and liquors—Vin. ferri, vin. colebici, V. aloes, V. antimon, liquor potass. arsen, gin-seng.

Fruits—Adam's apples, May apples, apples of Sodom, apples of discord, apples of the eye. Nuts: arom. Brazilian, butternuts, strych. nuts vom.

Ices—Cold cream, camphor ice, ice (bags to the spine).

Confections—Sugar-coated pills, tamarinds, tropic fruit, chlor. potass. lozenges, bronchial troches.

Drinks—Sage-tea, boue-set-tea, chamomile tea, whey, coffee, with glueose, sugar of milk, sugar of lead, milk of assafœtida, condensed milk, goat's milk, cowmiss, cream of tartar.

Guests were waited on by experienced nurses.

Effect of Early Rupture of Membranes on Duration of Labor.—Dr. Albert J. Craig, Vevay, Ind.: Is labor protracted by early spontaneous rupture of the membranes? All our text-books on obstetrics I believe answer affirmatively. Leishman, one of our best authorities, speaking of the effect of early spontaneous rupture of the membranes, says: "And the result when that occurs is, as anyone knows, protracted labor and increased risk to the child." My own experience is, that the premature spontaneous rupture of the membranes hastens labor, that the time is shortened, and that there is no increased risk to either mother or child. I would like to know what has been the observation of the readers of the Age. Writers and authors are too often simply compilers, and accept as facts and copy the statements of others without sufficient investigation.

Death from Injection of a Nævus with a Solution of Chloride of Iron.—The Chicago correspondent of the Medical Times reports that one of the oldest surgeons in Chicago and a professor of surgery in the veterau school, while conducting a clinic introduced a little patient who was suffering from a nævus of the face. After demonstrating the tumor to the class and describing the several modes of procedure he injected a few drops of a solution of chloride of iron. Immediately there was a slight convulsion and the child was dead. In a practice of thirty years the professor had frequently resorted to this procedure in such cases but never before had an accident attended.

Pancoast's Cough Mixture.—The following formula, (Medical Bulletin) said to have originated with the late Prof. Pancoast, of Philadelphia, has the advantage of containing no opium or morphine, since many persons cannot take either of these remedies without discomfort:

℞ Wild cherry bark..... .....
Senega.....āā ʒ iv
Ipecacuanha..... ʒ ij.
Extract of conium..... gr. xv.
Water, q. s., ft. (by displacement) fl. ʒ viij.

Then add

℞ Gin..... ʒ i.
Compound tinct. of cardamom.... ʒ i.

Two teaspoonfuls in water constitute the usual dose to relieve cough.

Dr. Goodell's Mixture of the Four Chlorides.—The following is known as Dr. Goodell's mixture of the "four chlorides," which he prescribes as an alterative tonic:

℞ Hydrarg. bichlor..... gr. j-ij.
Liq. arsen. chlor..... ʒ j.
Acidi. hydrocblor. dil.....
Tr. ferri, chlor.....āā ʒ ij.
Syr. zingib..... ʒ ij.
Aquæ, ad..... ..... ʒ vj.

M. Sig. Two teaspoonfuls three times daily in water, after meals.

The Proceedings narrates the followiug incident as happening in the court-room of Binghamton. It will interest all students of comparative anatomy: The case in point was this: Mr. A. sold a colt, as a gelding, to Mr. B., which colt had had but one testicle removed, the other remaining within the cavity of the abdomen. The veterinary surgeon who had castrated the animal was sworn, and, on his cross-examination, stated the following interesting features in the anatomy of the horse.: Attorney—What are the varicose veins and where are they found? Witness—I don't know, but I can tell where the bellicose veins are. A.—Where are they? W.—Close to the belly. A.—Where is the serotum? W.—I am not quite certain, but I think that it is the film that covers teeth during infancy. A.—Have you ever made auy examinations in the abdominal region? W.—No; all of my examinations have been made in Broome County. A.—That is sufficient.

The keeper of a young ladies' school in Philadelphia was recently so convinced that certain foul odors which suddenly permeated her building were due to sewer gas that she declared a vacation. The plumber's search for the defective pipe or trap disclosed a copious supply of Limburger cheese in the desks which, it appeared on further investigation, had been scattered about by several fair ones who did not feel themselves equal to the examination which was about to come off, and who took this means of gaiuing a respite.

In a copy of the New Tacoma, W. T., Ledger, we observe that Dr. James Vercoe, of that city, "surprised his friends" by marrying Miss Stella Plumb.

of Olympia, the ceremony being performed at the government reservation where the doctor will in future reside. The doctor was a graduate in the 1881 class of the Michigan College of Medicine. It wouldn't have surprised any of his friends here had he committed matrimony. What can have befallen our stalwart friend that his getting married was a surprise?

When one Urbana, Ohio, physician accuses a professional brother of killing a patient by an error in diagnosis which led him to treat small-pox as measles, the other retorts by saying that his accuser had caused death by something worse than a blunder. Then the former consults a lawyer and so does the latter, and law suits are instituted and every one, especially of the lawyers and scandal-mongers, is happy. How pleasant it is, for brethren to dwell together in harmony!

The latest is the printing of the Code of Ethics on the wrapping paper employed by druggists or doctors who dispense their own medicines. This is designed to familiarize the public with its duties towards the profession. 'Tis a grand scheme, and will, doubtless, soon be followed by printing the moral law on wrapping, and other paper employed for the divers ends to which paper is applied. The people must be made moral, you know, as well be taught how they must treat the long-suffering doctor.

Singular as it may seem, co-education of the sexes in medicine does not work successfully, at least such has been the experience of several colleges during the past two years. The Michigan College of Medicine abandoned the attempts two years ago, the Royal College of Kingston after violent throes threw off the ladies last winter, and now comes the Chicago Homœopathic Medical College which will hereafter exclude them. When homœopathy gives up the attempt it will be useless for any other school to try.

Dr. William H. Van Buren died at his home in New York on the 25th ult., at the age of 64. He was prominent as a medical teacher and as an operator, but is probably most familar to the profession of the country, in connection with Van Buren and Keyes' text book on Genito-urinary Diseases. He was married to a daughter of the late Valentine Mott, who, with two married daughters, survives him to mourn his loss.

The Sanitary Inspector of Glasgow reports that of 236 properties, the drains of which were examined last year only seven were found thoroughly tight and efficient, 229 permitting the escape of sewer gas into the dwellings. It would be interesting to know what proportion of the drains of this city are tight. In the light of such knowledge the failure of the efforts to restrict diphtheria and scarlatina would probably cease to be a mystery.

A book is announced under the name "Homœopathic Treatment of Constipation." We have not seen a copy, and are somewhat curious to know how *similia similibus* will tackle this *bete noir* of medicine. Our homœopathic brethren (the Simon pures) hereabouts have been known to deliberately allow a patient to go a month without a passage. This is the only manner in which we have as yet known them to treat constipation.

U. S. Grant, when asked to sign the petition in favor of making all physicians equal before the law in the government service, said he would "give homœopaths no encouragement, directly or indirectly," and some of our contemporaries are quoting this declaration of this celebrated scientist as an argument against homœopathy!

There is a vast amount and variety of material presented at the eye clinic of the Detroit Medical College, and during the session which has just closed the students were afforded an opportunity of witnessing 104 major operations by Professor Eugene Smith. Among these were a dozen removals of cataract and upwards of twenty iridectomies.

Coleridge, on beholding the head of Cline, by Chautrey, could not conceive it possible that "that forehead, that nose, those temples and that chin could be akin to the monkey tribe." Perhaps the anthropoid ape might indulge in similar reflections on contemplating his caudal appendage. Could such a beautiful attachment possibly be akin to that of the pollywog? No, no! and the theory of evolution is then a myth!

One of the most remarkable instances of the tail wagging the dog is the manner in which the medical profession of New York is being manipulated by the specialists! Truly the muscularity of the caudal attachment of the profession of the Empire state is unique. Is it the harbinger of something new and startling in the process of evolution? In the light of the doctrine of the survival of the fittest, what is the fate of the dog?

Nature is wonderfully wasteful in the matter of generation, alike among the flora and fauna. She is most careful, however, of the most highly developed. Thus while but one fish in a thousand reaches maturity, of every 1,000 human beings born, 604 attain adult age; she thus flings aside as useless for her purpose 999 out of every 1,000 fishes, and two of every five human beings.

Dr. Elliott, of New Haven, says "medical men are almost superstitious in regard to the invisible spectre, malaria. One hardly dares to treat an obscure case without working in a good dose of quinia for the first day or two." This is very true, and whether it be empiricism or not, experience shows it to be very generally a good thing to do.

An Iowa mother was so struck with the euphony of the word "Neuralgia," which she saw on a medicine bottle, that she bestowed it as a name on her daughter, who is now a young lady of such charming parts that her presence causes Angina Pectoris among the Iowa swains.

The $20,500 to which the combined amount of the bills for professional services rendered the late President Garfield, was reduced, has been distributed among Drs. Bliss, Hamilton, Agnew and Edson, who have accepted their shares in full of all demands.

Two Detroit physicians have during the past two months become so violently insane as to necessitate their removal to the asylum. They have both nearly reached life's meridian and are both bachelors. These are the facts, let others draw their conclusions.

"So you have twins at your house, Johnnie." "Yes'm, two of em." "What have you named them?" "Thunder and Lightning, ma'am." "Why, what very singular names." "Yes'm, that's what pa called em soon's the doctor brought em."

A very learned exchange talks of Collie's fracture. It neglects, however, to tell us what part of the collie was fractured, or to inform us as to the nature of the accident which broke up poor Tray.

The government of Brazil has awarded a gratuity of about $17,000 to Dr. John Baptist Lacerda for his discovery of the antidotal virtues of permanganate of potash in the poisoning of snake bites.

The vicissitudes of Texas are apparently quite destructive of medical life. Last year five doctors in that state committed suicide, three were shot and three died by accident

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A Treatise on the Practice of Medicine, for the use of Students and Practitioners. By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia; formerly Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, and of the American Neurological Association, etc., and Author of a "Practical Treatise on Materia Medica and Therapeutics;" of a "Treatise on Medical Electricity;" of a "Manual of Hypodermic Medication," etc. Third Edition, Revised and Enlarged. 8 vo., 918 pp.
New York: D. Appleton & Co.
Detroit: John Willyoung.

We have in the predecessor of the AGE noticed the appearance of the first and second editions of this now standard text book. The prediction made on the appearance of the first edition, that the work would win a place among the leading treatises on practice, has, in little more than two years, been amply fulfilled. It requires but a superficial examination of it to detect the reasons why it has been thus popular: It is concise, practical and correct, and is, moreover, written in the choicest English and in the pleasing style of which the author had in previous treatises proven himself the master. As one among the many evidences which have been forthcoming of its special adaptedness to the wants of the practitioner, may be mentioned the fact that it is now being translated into the Chinese language for the use of the physicians of the Celestial Empire.

Dr. Bartholow has faith in the power of medicines unto the healing of the sick, and his book is cumbered by none of the platitudes and generalities in which the later school of therapeutic nihilists seek to dispose of the question of treatment. The directness of his instructions under this head is very refreshing, and in the two years during which his book has been before the profession, evidence of the fact that he has written from practical experience has accumulated. But while he is not a nihilist neither is he an optimist and recognizes throughout alike the powers and defects of medicine.

A full review of this classic work is both impracticable, within the limits of our space, and unnecessary. Suffice it to say that for a work not encyclopædic in its nature, it is certainly unexcelled.

A Compend of Anatomy, for Use in the Dissecting Room and in Preparing for Examinations. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Late Demonstrator of Anatomy in the Philadelphia Dental College, etc. Third edition, 12 mo., 198 pp.
Philadelphia: C. C. Roberts & Co., 1118 Arch street.

As a rule, compends are not to be recommended, not so much because of any objection inherent in themselves as because of the abuse to which they are liable to be put. If we had a guarantee that they would be employed only as remembrancers the objection to them would be very largely removed. But Dr. Roberts' book is more comprehensive than a "vest pocket" edition, and is less objectionable because of its being larger. It would require a larger vest pocket than would be warranted by the latest fashion plate to accommodate it. The part devoted to the nervous system is particularly full and comprehensive and must prove a valuable aid to practitioner as well as student. The whole book is as meaty as possible and not a word is put in for mere filling.

A Practical Laboratory Course in Medical Chemistry. By John C. Draper, M. D., LL. D., Professor of Chemistry in the Medical Department of the University of New York, and of Physiology and Natural History in the College of the City of New York. 70 pp., every alternate page being blank.
New York: William Wood & Co
Detroit: John MacFarlane.

The object of the course to which this book is devoted is "to give to medical students sufficient practice in chemical manipulations to enable them to perform in a satisfactory and reliable manner those tests which are required of the practicing physician, and also to give them some experience in the use of chemical symbols, formulæ and equations." It is written by one of large experience and with special reference to the fact that the time of the medical student is so taken up during his college course as to limit the time devoted to chemistry. The object of the book being thus stated it is only necessary to recall the author's name to satisfy one of its character. The student is, indeed, to be congratulated

in being able to secure a work of this nature prepared by a teacher of Dr. Draper's experience. Such books have been too largely the work of recent graduates ambitious for a reputation through other ways than that of long years of faithful work.

Diphtheria, its Nature and Treatment.

BY D. B. COLLINS, M. D., ST. PETER, MINN.

I desire to present the outline of a form of treatment of diphtheria that has proved reasonably successful, in my hands, in the epidemics, which have prevailed in this section during the past four or five years. I will simply premise my remarks with the statement that from the numerous examples that have come under my observation, I cannot doubt that diphtheria is a "highly contagious" disease. I have, however, no room for examples to prove the proposition. It also follows as certain fixed "laws" as regards development, etc., as does "scarlet fever." Furthermore, like the latter disease, one attack affords at least partial protection from subsequent attacks. I will leave it for others to discuss the question of its constitutional or local nature, and simply give it as my opinion, without going into details, that it is a constitutional disorder and should be treated as such. I think, moreover, that the great majority of physicians, if they were compelled to adopt one form of treatment only, would decide on the constitutional without any hesitation. But a judicious combination of both forms is the most satisfactory, for this reason, if none other: it gives you time to get the desired effect from your general remedies and the patient and friends are better satisfied if you make some local application. For local treatment I prefer the powdered ferri subsulphas applied in the dry state. This I blow into the throat, by means of an insufflator, or what I more commonly use, a strong glass tube, bent at one end to an angle of 45 degrees. This bent part of the rod contains the powder. I leave it with the patient and give the following directions for its use: Sit in front and to the right of the patient. Depress the tongue with any suitable instrument; introduce the bent portion of the tube into mouth far enough to pass the end of back of the free margin of the soft palate. Now direct the patient to hold his breath for an instant, and while he is doing so, blow the powder into the throat. The amount of the remedy made use of at each application varies from 10 to 15 grains. If the powder is introduced during the act of inspiration you have portions of the iron taken into the trachea, and as a consequence, there is considerable embarrassment in breathing, especially with children. A little care on the part of the operation will obviate this unpleasant accident. The act is chiefly unfortunate for the reason that it causes the young patient to dread the next application, and as a consequence, he is more apt to make trouble when it is necessary to repeat the application, and this I usually do every six (6) hours. If the membrane is abundant, repeat every four (4) hours. This remedy is strongly antiseptic as well as astringent, and assists in a remarkable degree in correcting the fœtid and unpleasant odor. Immediately following the application there may be a slight effort at vomiting, or a fit of coughing, which is usually accompanied by the expulsion of pieces of membrane. I have often seen pieces large enough to cover an entire tonsil removed in this way. The powder may, however, be also applied by means of a brush, in which ease I use just enough water to form a thick paste and use a large brush. When I use a brush, I prefer the camel's hair brush with wooden handle. But of the two methods of making the application, I prefer the glass tube, and for two reasons: 1st, because it takes but an instant to make it, and with children, the class that constitutes the majority of our cases, it is oftentimes a matter of great difficulty to make a thorough application with a brush; 2d, by the use of the tube I think I am enabled to make a more thorough application than I am able to in any case with a brush. Let anyone take a tube that will hold the specified quantity of the powder and blow it against the wall, or any substance that presents sufficient surface, and see the amount of surface the powder will cover. He will readily see that the application cannot be other than thorough. In the use of the ferri subsulphas by insufflation, care must be exercised to keep it free from moisture. I am particular also about directing that the end of the rod passes behind the lower margin of the soft palate, for the reason that, if the end of the rod remains on the outside of this structure you will find the greater portion of your remedy adhering to the roof of the mouth, where it is of comparatively little benefit to the parts involved. When the disease passes up through the posterior nares and makes its appearance in the nostrils, I make use of a hard rubber ear syringe and wash out the parts with carbolized lime water. This is repeated every two or three hours, or as often as is necessary to keep the passage open. If the parts are completely filled with the membrane and cannot be removed with the syringe, I use a gum catheter of suitable size to work a passage through, using as little force as is consistent with the accomplishment of this object. In patients of mature years the fountain syringe can be substituted for the ear syringe with advantage to both operator and patient.

Where the cervical and submaxillary glands are involved, the use of the ice bag becomes necessary, provided the patient is one suited to such treatment. In children of a nervous temperament the use of this remedy is apt to be followed by chills, etc., which contraindicates its continuance. In such cases hot fomentations are to be preferred. Whichever form is made use of, it is of the utmost importance that the effort be constantly maintained, and to this end frequent changes (particularly the hot applications) are necessary. The moment the swollen gland suppurates it should be opened freely and the cavity washed out with carbolized water often enough to keep the parts clean.

To meet the constitutional symptoms, and these are, in my opinion, the ones that demand our constant attention, I use the following remedy:

℞ Tr. ferri chloridi..... ʒ iij.
Potassæ chloratis..... ʒ iss.
Glycerinæ..... ʒ vi.
Aquæ, q. s., ad..... ℥ iij.

M. Sig. One teaspoonful every two or three hours.

In the use of this, or any preparation, containing iron in any quantity, it is always well to tell the one who has charge of the patient that the teeth, tongue, etc., will be discolored. By thus cautioning them much valuable time may oftentimes be saved, as when this slight omission is made and the friends notice this condition of affairs, they are apt to become uneasy, stop giving the medicine, and perhaps wait for your subsequent visit before they are willing to continue the remedy, which is the one of all that should be pushed to the fullest extent. To obtain the full benefit of this remedy, a child, of say three years, should take at least one drachm of the tincture ferri chloridi per day. This remedy will assist us, as much or more than any one, to ward off septicæmia, the dangers of which are imminent in almost all cases of this disease. To control the fever I know of nothing that equals quinine in full doses. For a child of three years I begin with the following, increasing the dose if necessary:

℞ Quinine sulphate..... ..gr. xvi.
Syrup yerba santa..... ʒ ij.

M. Shake well before using.

Sig. One teaspoouful every three hours.

I have never had any bad results from the use of quinine and I have used it in "large doses" repeated often enough to attain the desired result, viz., the reduction of the temperature. In the case of an adult, I would begin with xv-grain doses and increase to xxx or xl grains if necessary. The syrup of yerba santa covers the taste of the quinine the best of anything that I have made use of.

Give stimulants freely. In a severe case of this disease it is almost impossible to push stimulation too far. I prefer either spiritus frumenti or alcohol. It can be given "straight" or in the form of a punch, eggnog, etc. Rich milk, beef extract, etc., are needed for nourishment. If from any cause the stomach does not retain nourishment, etc., feed and stimulate per rectum. For this purpose fit a gum catheter over the nozzle of a suitable syringe and introduce carefully. Use just sufficient force to empty the syringe and you will ordinarily have no trouble in having it retained. Give your nourishment in as concentrated a form as possible. Here the beef peptonoids are of great benefit. If the bowels are constipated give enough calomel to bring about the desired result and repeat when necessary.

Keep the patient isolated, if possible. Have plenty of fresh air in the room. Disinfect all discharges. Use pieces of soft cloth for handkerchiefs and burn when soiled. When the croupal symptoms are present keep your patient in an atmosphere made moist by the vapor of lime water. It may be and is often necessary to keep him in this vapor for a long time (36 to 48 hours) before the symptoms begin to improve. Pepsine and bismuth subnitrate in five-grain doses of each, are of considerable benefit if stomach is irritable. Pieces of ice held in the mouth and swallowed are usually very acceptable to the patient. Keep the skin in as good condition as is possible. Frequent sponge baths are useful, and with children, sponging the entire body with alcohol appears to add to their comfort.

In the paralysis which sometimes follows this disease, the tact and resources of the physician are sorely tried. The muscles of the pharynx are usually the first to become involved, and as a consequence there is more or less trouble in swallowing. In the majority of cases these symptoms begin to improve within a few days. The patient is able to swallow a portion of the liquid nourishment that is given him, enough is taken to keep him fairly nourished until this condition begins to improve. Solid food should not be given until the constrictors are able to seize it, owing to the danger of its being taken into the trachea during inspiration. When the paralysis is complete it becomes necessary to use a stomach tube; a soft rubber catheter of appropriate size fills the requirements of the case completely. It is not necessary to introduce the tube into the stomach; if it passes into the œsophagus four or five inches every indication will be met. This tube should be passed through one of the nostrils and then into the œsophagus. Any tinsmith can construct a suitable funnel to fit the external end of the catheter, and with an ordinary milk pitcher from which you pour the nourishment you have as complete an apparatus as you could wish for. The nurse can be easily instructed how to introduce the tube. With this instrument there is no danger of injuring the parts, which from their condition are unable to remonstrate against ill usage, or even absolute injury. I can call to mind several patients who are to-day enjoying the best of health, who owe their lives to the timely and persistent use of this simple apparatus.

Iron, quinia and strychnia will usually be found necessary in paralysis. I can at present recall but one fatal result following this unpleasant sequel, and in this case there was general paresis. Death occurred the fourth day after the first appearance of the symptoms.

In conclusion I would say that your success in this disease will depend largely upon your thoroughness in matters of treatment. Insist upon having your directions carried out to the very letter and do not accept of anything short of this. I would as soon think of taking charge of a fractured femur, and allow the patient or friends to arrange the dressings to suit themselves, as to take charge of a case of diphtheria with anything less than absolute obedience to my orders.

Diffuse Inflammation of External Auditory Canal, with Illustrative Cases.

BY J. CHASE, M. D., ASSISTANT OPHTHALMIC SURGEON TO ST. MARY'S HOSPITAL, DETROIT, MICH.

Although diffuse inflammation of the auditory canal is far from common, yet the acuteness of the attack and the intensity of the pain which often attends the disease demand that it should receive careful attention from the physician in general practice.

The causes which produce an inflammation of this part are various. The trouble usually arises from some local irritation produced by instilling irritating medicines, or from injuries received from ear picks, used in removing cerumen from healthy ears. Of course inflammation may extend to the meatus from surrounding parts and after spreading over the lining membrane of the canal may be fairly classed as an otitis externa. It occasionally happens that the violent means employed in removing a foreign body from the meatus has been sufficient to light up a troublesome inflammation of the parts.

The symptoms of this disease may be more readily understood by recalling the anatomy of the parts. The outer third of the canal is cartilagiuous, the inner two-thirds bony. The entire cavity is lined with integument. In the cartilaginous portion, it differs little from skin elsewhere, but upon the inner or osseous portion it loses its cellular tissue, becoming much thinner as it approaches the membrana tympani which it covers with a delicate membrane devoid of hairs and glands. In its passage over the bony canal it is so closely adherent to the periosteum that when inflamed we have practically to deal with a periostitis. As we might expect from its continuity of structure the drum membrane is usually involved in otitis externa. A patient, suffering from acute otitis externa complains at first of itching in the ear. This at times is very severe, and much injury has often resulted from the various articles introduced into the canal, to rub the itching surface.

As the disease progresses the symptoms of a periostitis are met: great tenderness, inflammation and intense pain, which is usually more severe at night. If the canal is examined at this stage, the inflammation will be readily recognized. The whole meatus is congested and the cartilaginous portion swollen. If the probe be used the parts will be found to be very tender. The drum membrane is, in most cases, involved and appears thickened and congested. The auricle and surrounding tissue sometimes will become swollen and often will be very sensitive to the touch. When the drum membrane is involved the hearing is affected. The inflammation having continued a few days an exudation usually appears. This discharge which is at first muco-purulent, having lasted for some days will, in favorable cases, gradually disappear. The The above are the symptoms which are commonly met with in the acute form of the disease, but there are many cases in which the disease is more obscure, sometimes but little pain being felt throughout the entire course, and advice is not sought until the suppurative stage has commenced. As a consequence of the disease some loss of hearing may result, due to the thickening of the drum membrane. A more serious result is the growth of polypi and all the troublesome and even dangerous effects which attend them. Again the drum membrane having been perforated there may follow an inflammation of the middle ear. In the majority of cases the discharge from the meatus, unless properly treated, will become chronic and may continue for years. The treatment of an acute otitis externa is based upon the theory of its being a circumscribed periostitis; consequently aurists are in the habit of abstracting blood locally. If leeches are used, from two to four should be applied to the tragus. If, for any reason, leeches cannot be employed, the use of warm water in the meatus will often relieve the pain. In the early stages of the attack much benefit may be derived from free incisions in the walls of the meatus; this should be followed by the application of a warm water douche. A basin of warm water and a rubber tube acting as syphon is all that is essential for a douch. Should the case go on to suppuration the treatment will be directed to checking the discharge and returning the parts to a healthy condition. The ear should be thoroughly cleansed two or three times each day. For accomplishing this the most convenient instrument is a hard rubber syringe of about four oz. capacity, although the ordinary Davidson's syringe will answer. After the ear has been thoroughly cleansed, astringent applications may be made with the view of checking the discharge. The sulphates of zinc, copper or alum, from two to six grs. to the ounce, are usually recommended for this purpose. Many prefer using nitrate of silver in strong solution. Of late iodoform has been tried in the treatment, and good results have followed its use. Should the middle ear become involved or polypi spring up in the canal, the treatment will be the same as though the complications arose from other causes.

The following cases, reported as instances of the usual appearance and course of this disease, are from the clinic of St. Mary's Hospital. Case No. 2 presents the complication spoken of above, involving the middle ear, and from it the mastoid cells. Case No. 3 is quite typical of the disease.

Case 1.—Mrs. C. H., æt. 50, came to the clinic complaining of itching and severe throbbing pain in the left ear. She denied ever using an ear pick. She thought she had caught cold sitting near the window in the evening. On examination the meatus was found to be very red and in the cartilaginous portion somewhat swollen. The drum membrane was slightly congested and the integument of the inner part of the canal looked tense and red. The entire meatus was very sensitive to the touch. A free incision was made in the bottom of the canal

and bleeding encouraged by the use of warm water. The patient was directed to keep the ear warm and occasionally pour in warm water and allow it to remain by lying upon the opposite side. Mrs. H. returned two days after, reporting herself much better. The case recovered by resolution, showing no signs of suppuration.

Case 2.—Mrs. M., a large, fleshy woman, came to the clinic May 30th, with the following history: Two years ago, while living in Montreal, she had a painful inflammation of the right ear. Pus had been running for some time, when the ear suddenly grew worse. She had violent pain in the head, and "the place back of the ear got inflamed and the doctor operated on it." Examination showed a cicatrix 1½ inches long over the mastoid process. She, undoubtedly, had suffered from a mastoiditis resulting from inflammation of the middle ear. Her present condition shows the meatus of the right ear red, swollen and sensitive. The cartilaginous portion was sufficiently swollen to more than half close the meatus. The external ear was somewhat swollen and was very sensitive. The patient was advised to use warm water applications and return next day. Two days after a member of the family came to the clinic, reporting that Mrs. M. was much worse. Her head was paining terribly, and she was too dizzy to walk. Upon calling at the house, I found Mrs. M. suffering from a well-developed otitis externa, complicated with a mild inflammation of the mastoid cells. There was considerable swelling of the meatus and adjacent parts, the canal being nearly closed, the auricle much enlarged, and the mastoid region red and sensitive. The pain felt during the previous night was referred to the ear itself. I made a free incision in the meatus, using an old Graefe's cataract knife and encouraged subsequent bleeding by the use of tepid water. Tincture iodine was painted over the mastoid region, thinking it safe to delay more positive treatment of the mastoiditis. The patient was also directed to instill warm water as often as agreeable. The following day a marked improvement was noted: the swelling had largely disappeared, but little pain being felt, and the mastoid region no longer being tender. The case steadily improved, the resulting discharge, which was only moderate in amount, entirely disappearing under the treatment by syringing and sulphate of zinc, gr. jv to ℥j. The drum membrane subsequently showed a perforation in the lower posterior segment.

Case 3.—Mrs. Y., æt. 60, came to the clinic June 4th, complaining of a dreadful pain in the left ear. On examination the integument of the meatus was found to be tense, brilliant and very sensitive. The drum membrane also was red and swollen. I made the usual incisions and encouraged bleeding for some time. After two or three days the case returned. Pain had nearly disappeared after the first treatment. A profuse discharge was now flowing from the ear, seeming to come from the outer half of the meatus. The parts were thoroughly cleansed and a solution of silver, gr. xx to ℥j, was painted over the diseased integument. The patient was very irregular in her attendance, but when last seen was nearly restored.

Cancer of Stomach.

BY H. H. BORDNER, M. D., BEAVERTOWN, PA.

Having attended a case of cancer of stomach, I will give some of its various and peculiar symptoms which may benefit some brother as an aid in diagnosing a similar case:

In May, 1882, I received a message to call upon Mrs. D. S., æt. 50 years, of rather short stature, but weighing 225 pounds. I found her seated in an easy chair, conversing freely, and to all appearances feeling well. She had been troubled more or less with the disturbances of the menopause for about one year, coming on at intervals from one to two and sometimes more, months, there being no regularity in menstruation as in times gone by. She had also an extensive umbilical hernia, which at times caused her an amount of uneasiness. Her tongue was slightly coated, eyes and skin had a jaundiced appearance, breath fetid, decided constipation, and a peculiar waxy sallowness of complexion. There had, however, been little or no emaciation, her usual weight and corpulency being unaffected. Her principal complaint was pain in the stomach and vomiting. These symptoms commenced about two years ago, but had latterly been increasing in severity. The vomiting was very irregular, at times before and at other times after meals. Pain always preceded the vomiting, which occurred two or three times in twenty-four hours. After vomiting there was no pain in the stomach unless produced by hard pressure. The matter ejected from the stomach had a yellowish frothy appearance, containing mucus and pus, and in amount about one quart at a time. During these two years of "bilious dyspepsia," as she called it, her appetite was remarkably good, indeed rather voracious at times. She had during the time been treated by different and able practitioners, and for a variety of diseases, until finally a diagnosis of "ulcers of stomach verging into cancer," was settled on. I ordered a few C. C. pills until her bowels were quite free, afterwards the following was given: Subnitrate bismuth, 60 grs.; ingluvin, 120 grs.; calomel, 2 grs., divided into twelve powders, one of which to be given every six hours during the day and to alternate with the following solution: Glycerine, two ounces; creasote, thirty drops; a teaspoonful every six hours. Diet of beef tea and milk, with milk and lime water as a drink. At times an anodyne was given. This treatment was mainly pursued for ten days, at which time her symptoms had greatly improved; pain and vomiting had entirely ceased, and she concluded she was well. After attending to her household duties for more than a fortnight, and experiencing no pain nor

uncomfortable symptoms, she ate a large dish of dandelion boiled in vinegar. A few hours after eating this mess she felt uneasy in her stomach, pain and vomiting again ensued, and continued without much abatement, her stomach ejecting everything shortly after taking it. Death finally closed the scene in forty-eight days after eating the dish of salad.

Post Mortem.—A post mortem was held eight hours after death, in company with Dr. J. O. Wagner. On section, the adipose tissue over the region of the stomach was found to be fully three inches in thickness, and as yellow as gold. The stomach measured nearly six inches in length, empty and so contracted that in size it had the appearance of a common gut. The inside diameter was less than two inches. The wall was from one-half to three-fourths of an inch in thickness, which increased toward the pyloric end. On pressing it between the thumb and fingers, it would give way almost like hard cheese. It was so friable that you could easily press the fingers through it. In cutting, it was found to contain gritty, sandy spots, similar to those found in sponge. An examination under the microscope showed the tissue to be unmistakably of a cancerous nature. The bile duct was very large and the gall bladder contained fifty-seven large biliary calculi.

Cancer, it seems, is more prevalent in this county than in most places, as this is the third case which has been found within a year, and in a radius of fifteen miles. I am inclined to believe that some few of those numerous fatal cases of chronic gastritis, which are reported at times, are cancer. Were post mortem examinations more frequently allowed, they would often prove a very beneficial school to the practitioner, showing us some of the glorious mistakes we are liable to make in a too ready diagnosis. It is true, that certain rules of authors aid us in deciphering almost hidden mysteries, but exceptions, as well as deceptions, are numerous among the diversified diseases which we are called upon to treat. Age and experience should make us more cautious and slower in making our diagnosis in such affections.

Intussusception, A Case.

BY WM. A. M'COY, M. D., MADISON, INDIANA.

L., a fine healthy female child, æt. 6½ months, scarcely ever known to cry, began to fret and cry about 10 o'clock A. M., Feb. 18, 1883. The pain being paroxysmal, it was thought by the parents to be colic, but not yielding to domestic medicines, I was called in the evening and found the child passing muco-bloody discharges from the bowels, with strong tenesmus; discharge contained no fecal matter; pulse small and frequent; vomiting; urine scant. I could not detect any abdominal tenderness or hardness on account of the fretful condition of the child.

A healthy fecal evacuation was reported in the forenoon. I supposed it to be colitis, and prescribed: Bismuth and tr. opii camph. in mint water, with hot stupes to bowels, and ordered that it be kept from the breast for a few hours.

The next morning the general condition was much the same, except, perhaps, that there was not so much tenesmus, or bloody mucus passing. Added spts. eth. nit., and applied mustard over kidneys.

Early on the morning of the 20th, no fecal matter having passed since I saw the case, I ordered its bowels moved with a dose of oil, but this not operating within the proper time, I ordered it repeated, lest it had rejected a part of its former dose, but the result was the same. Enemata were then used, but they returned, bringing only a little bloody mucus.

By this time I was satisfied it was a case of obstruction. I had the hips well elevated, and with a Davidson syringe I slowly distended the bowel with tepid water, and it was retained as long as possible by pressing on the anus. This procedure was repeated a number of times without avail. I then asked for a consultation, and Dr. W. D. Hutchings, of this city, was called, and was with me in the case till it died on the morning of the 22d, a few hours less than four days and nights from the time it showed the first symptoms of being ill. Twelve hours after death Dr. Hutchings and myself made an examination. We found the cæcum and a segment of the ileum invaginated for about two and a-half inches within the colon. It was so firmly impacted that it required a good degree of force to liberate it; so firm, indeed, was the impaction that no known method of treatment could have overcome it without producing equally fatal results. The parts involved were becoming gangrenous, as were also a number of coils of intestine where they lay against the diseased part. The colon was empty and showed no signs of disease except near the cæcum where it was congested. The small intestines were distended with gas and fluid mixed with fecal matter, and was inflamed for a few feet above the obstruction. The gall bladder was distended with bile. No further examination was made.

The course of treatment pursued after obstruction was diagnosed was occasional distention, hot hops to bowels, tincture belladonna, calomel in one tenth grain doses, anodynes and stimulants as indicated.

As to the cause of this trouble I have no theory. It was an unusually healthy, happy child; bowels regular, never anything wrong with it except an eczema capitis from which it had recently recovered. I think this case illustrates the impossibility of making a correct diagnosis of this disease during the first twenty-four hours of its existence, the time, which, if properly utilized before inflammatory adhesions are found, might result in relieving many of these cases.

The Mayor nominated Dr. T. A. McGraw, and the Common Council has endorsed the nomination, to fill the vacancy in the Detroit Board of Health, created by the death of Dr. D. O. Farrand. We congratulate our collaborator on his appointment, the city on thus securing his services, and the profession on such a representation of its live, active, working element.

The Medical Age.

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CREMATION AND INHUMATION.—Having noticed in our last the evils, unmitigated, of inhumation, we shall now briefly allude to the benefits, unalloyed, of cremation. In so doing we acknowledge our indebtedness for facts and figures to an able article on the subject by Mr. Augustus G. Cobb, in the September, 1882, number of the North American Review. The objections urged against the latter method of disposing of this "fleshly tenement," when "its undying guest is gone forever," are, as we have before intimated, based almost solely on sentiment, and, it is to be feared, is rooted in a prejudice engendered, possibly, through ignorance of the most approved method of incineration. It would be exceedingly painful to picture the form of a loved one in the midst of cruel flames, with forked tongues ruthlessly devouring it. Such a picture would be more revolting, perhaps, than the actual, revolting scene which would be revealed by the uncarthing of the burial casket several years after interment. Either of these is dreadfully repugnant to the finer feelings of the human heart, and sensitive natures are not shocked by the latter simply because they have been so inured by custom that they do not think on the subject. A knowledge of the modern and scientific method of cremation would remove the objection to it based on the score indicated. The body never rests in the flames, nor, indeed, is there any sign of fire or smoke, nor odor nor noise to offend in any manner the sensibilities of the bereaved. The consuming agent is air raised to a temperature of 2000 Fahrenheit. "I have stood," says one who has witnessed the process, "before the threshold of the crematory with a faltering heart. I have trembled at the thought of using fire, beside the form of one whom I had loved. But when, in obedience to his own dying request, I saw the door of the cinerator taken down, its rosy light shine forth, and his peaceful form, enrobed in white, laid there at rest, and without a glimpse of flame, or fire, or coals, or smoke, I said, and say so still, this method, beyond all methods I have seen, is the most pleasing to the senses, the most charming to the imagination and the most grateful to the memory." The operation of incineration completed, there remains a few delicate white ashes, perfectly pure and odorless. What a contrast to the "mass of loathsome and death-bearing putrefaction" created by inhumation!

But it is not even necessary that this process of incineration be witnessed. During its continuance the remains are usually hidden from view, and surely there is nothing more revolting in the thought of placing a loved form within a crematory of beautiful architectural design than in placing it in the dank, dark grave.

So much for the sentimental feature of cremation. This method of disposing of the dead is, moreover, to be commended on the score of economy. By means of a Siemens' furnace Sir Henry Thompson reduced a body weighing two hundred and twenty seven pounds, to five pounds of ashes within the space of fifty-five minutes, and at a cost of less than a dollar for fuel! Contrast this with the expense of burial, an expense, it is true, which is quite unnecessary, but which has become so firmly established by custom that nothing but such an innovation as cremation can do away with it. It has been estimated that one and one-fourth times more money is expended annually in funerals in the United States than is expended for public school purposes. The funerals of this country for 1880 cost enough money to pay the liabilities of all the commercial failures in the United States during the year, and give each

bankrupt a capital of eight thousand, six hundred and thirty dollars with which to resume business. This cost does not include the enormous sums invested in cemeteries, tombs and monuments, nor the depreciation of real estate in the vicinity of cemeteries. These figures are really startling and are sufficient in themselves to direct attention to this subject.

Viewed from an artistic standpoint, also, the advantage is on the side of cremation. Our climate forbids the display of delicate and artistic sculpture in our cemeteries, which for six months in the year are also unsuitable for being visited. Many of such artistic displays as are made in them are borrowed tokens of classic days and are ridiculously inconsistent with the present custom—marble urns destitute of ashes, covering lofty columns, and inverted torches typical, of cremation, scattered over a mass of putridity! The money lavished by the citizens of New York on funerals and cemetries during the past quarter of a century would have supplied a temple for the ashes of the dead, which would be in every way worthy of this nation. The millions spent in useless, and worse than useless funeral parades in the other cities of this land would have so dotted this fair land over with mausoleums and works of art before which the collections of other lands would have been insignificant. In these cinerary urns of every design and degree of elegance that a stimulated artistic taste could produce, could be placed, free from molestation and desecration. How much better this than burying costly caskets out of sight forever!

The only valid argument against cremation is the fact that it would destroy all traces of poisoning in such as may have been foully dealt with. But although this may be conceded to be a valid argument, its weakness must be apparent on even the slightest reflection. How many bodies are disinterred for examination? What percentage of the whole? But even this very slight objection might be overcome by retaining the body for a sufficient time before cremation to permit of the justification of any suspicion of foul play. Bodies might be deposited in suitable receptacle where to remain for a stated length of time, say a year, before being reduced to ashes.

When the many advantages in addition even to those of a sanitary nature, which are incomparable, are considered, it is a reflection on the intelligence of the country that cremation has achieved such a limited degree of popularity. That it is growing in popularity though but slowly, is, however, encouraging. Cremation societies have been formed in nearly all the large cities of Europe. In Italy alone there are eighteen. The crematory at Milan, although a little over a year in operation, has burned more than one hundred and fifty bodies. In that at Gotha, Germany, fifty-two bodies have been thus disposed of, and among them nineteen belonged to the learned profession, four to the army, and four to the nobility. At the last meeting of the Copenhagen Cremation Society one thousand and four hundred members were reported, and among these eighty-three were physicians. The French Society at Paris numbers over four hundred members, among whom was Gambetta, whose remains were, however, not incinerated because of the violent opposition of his father. Garibaldi directed implicitly in his will that his body should be burned and that the urn containing his ashes should be placed under the orange tree shading the tombs of his two little girls. In England cremation is forbidden by law, but the sentiment in favor of it is, as it is in this country, steadily on the increase. "That, in time," says Mr. Cobb, "cremation will be universally adopted, there seems to be no reason to doubt. We have faith in a good custom ultimately supplanting a bad one, and the superiority of incineration over burial is manifest. When the merits of the question are thoroughly appreciated, we shall not feel justified in storing up disease germs and in poisoning the earth, air and water by our present custom of burying the dead. A refined sentiment will teach us the questionable nature of that respect which prompts the erection of a costly marble tribute to the memory of a friend, while his body is left to decompose in a water soaked grave beneath it."

MICHIGAN STATE BOARD OF HEALTH.—The Michigan State Board of Health met at its office in Lansing, Mich., on April 11, 1883, the following members being present: Hon. John Avery, M. D. of Greenville; Arthur Hazlewood, M. D., of Grand Rapids; Hon. C. V. Tyler, M. D., of Bay City; Henry B. Baker, M. D., Secretary. Dr. Avery was made president pro tem. The minutes of the last two meetings of the board were read and approved. The secretary read a quarterly report of work in the office of the board, showing the amount of proof read, meteorological and other reports received, compilation of material affected, bulletins, documents, circulars, blanks and reports distributed, correspondence performed, etc., being a brief summary of the work performed in the office of the board. The secretary also presented a resumé of the work performed by other state boards of health and a review of sanitary legislation in other states. He stated that in Michigan the House of Representatives had passed a bill which was likely to become a law, practically repealing that section of the act establishing the State Board of Health which provides that the secretary of the State Board of Health shall be the superintendent of vital statistics. If the bill becomes a law, the vital statistics will hereafter be entirely under the control of the secretary of state. The secretary referred to the alarming presence of small-pox in Nashville and New Orleans, and suggested that Michigan was in danger because of the approaching time when southern people flock to the numerous summer resorts in Northern Michigan. The secretary was instructed to correspond with the National and other boards of health and to do all that can be done to prevent the introduction of small-pox by quarantine and inter

state inspection. The secretary was authorized to send to health officers in the vicinity of health and summer resorts information of the existence of small-pox in places whence some of their visitors come; also to send the same notice to health officers of cities especially exposed to introduction of the disease.

The secretary presented an account of sickness caused by eating salted pork. The sickness was attended by burning in the stomach and abdominal tenderness. Some of the meat was fed to four cats. The symptoms in the cats were: expansion of the pupils, vomiting, great thirst and tenderness of the muscles. Diarrhœa was not present. Three of the cats died, the fourth one being barely able to walk after one month. They were attacked twelve hours after eating the meat. A partial microscopical examination of some of the meat by Prof. T. J. Burrill, of Champaign, Ill., disclosed nothing within the meat to have caused the illness, but on the surface of the "lean" portions there was found a micrococcus enormously numerous, as well as some fungous developments of a mould-like kind sparsely present. The micrococcus was of a new variety, entirely distinct from that of "hog cholera," which latter was not detected in the specimen. It is not known whether the organism was on the pork when it was used for food, and it has not yet been determined whether it is now alive. Culture experiments will be instituted to determine that point. It is quite devoid of motion and has a low dense or firm appearance than most of its congeners. It takes the ordinary aniline violets stain. Usually two are connected in a figure 8 form, rarely more. The secretary presented specimens from Mr Love, clerk of the board of health of Grand Rapids, showing successful prosecution for selling diseased meat in several cases.

In the afternoon session Prof. R. C. Kedzie, formerly a member of the State Board of Health, made a report of his attendance at the meeting of the Sanitary Council of the Mississippi Valley, at Jackson, Miss., April 3, 1883 at which he represented the board. He reported that the meeting was unanimous in urging the continuance of the National Board of Health, and the system of river and railroad inspections to insure the prevention of the spread of epidemic diseases, without the obstruction of travel and commercial relations between the states, and of such surveillance of the port of New Orleans as will give to the several state and important municipal health authorities represented in the council, prompt and reliable information of the occurrence and progress of an epidemic disease in that city. Plans for such work were discussed and adopted; and it was understood that in case of the failure of the national government to carry it on after June 2, beyond which time the National Board of Health will be unable to sustain it unless President Arthur places the $100,000 appropriation at its disposal, it will become important and necessary for the several states endangered to supply, in some way, the money to carry on the work. Delegates from Mississippi, Arkansas and other states, pledged certain amounts, in case it proves to be necessary. (Michigan has never made an appropriation available for use in preventing the introduction of epidemic diseases.) Dr. Kedzie received a vote of thanks for the able manner in which he represented the Board at the meeting.

This being the annual meeting of the Board, the election of a president for the ensuing two years resulted in the election of Hon. John Avery, M. D., of Greenville.

The secretary presented an account of a death of a railway employè by being caught in a "frog," together with a copy of a bill now before the legislature providing for a wedge of hard wood or other substance of equal utility, in all "frogs" of an angle of less than 45 degrees. He deseribed the method devised by a prominent railroad man, of tamping hard coal cinders in the frog. This method is not dangerous to the traveling public, and the wedge of hard wood by its liability to be misplaced, might throw a train from the track and cause many deaths.

The secretary was authorized to prepare a blank form for the use of health authorities in Michigan in reporting the occurrence of a disease dangerous to the public health, to the secretary of the State Board of Health.

Invitations to hold sanitary conventions at Muskegon and Ionia were accepted, the dates to be hereafter decided upon.

The new elected president announced the standing committees for the ensuing two years, which were confirmed by the Board.

Dr. Baker's committee on diseases of animals reported an effort to be made in the legislature to secure an appropriation for the State Board of Cattle Commissioners. Dr. Tyler reported the presence of a bill in the legislature prohibiting putting sawdust into shingles.

Dr. Hazlewood reported that he had frequently seen old oil barrels being collected in Grand Rapids, from which the brand had not been erased and often on new invoices of oil, the inspectors brand was so indistinct that the date of inspection could not be deciphered.

The secretary was requested to prepare a memorial to the president of the United States petitioning that he place the $100,000 appropriation in the hands of the National Board of Health.

The Board performed much routine business, and and adjourned to meet at Reed City, Michigan, April 26 and 27, 1883, at which time there will be a sanitary convention at that place under its auspices.

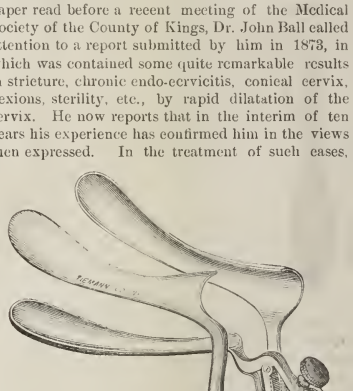
DOCTORS' QUARRELS.—Dr. Austin Flint is treating the readers of the New York Medical Journal to a series of very readable articles in the nature of a commentary on the Code of Ethics of the American Medical Association. The following is commentary on the article bearing on The Differences Between Physicians:

"A doctors' quarrel" is an expression often made use of in a way to imply an event of common occurrence. It may be affirmed that doctors are not more given to quarreling than those engaged in other pursuits. Indeed, the mental influence of their professional duties is in an opposite direction. The occasions, however, of controversy and contention among medical men are apt to be not understood and appreciated by others. This is implied in the often-repeated saying, "Who shall decide when doctors disagree." Hence it is that the controversies and contentions of physicians are regarded as denoting a quarrelsome tendency.

Contentions among physicians for the most part are brought about by gossiping busybodies and go-betweens. Some persons seem to think that they can not compliment a physician more highly than by disparaging his competitors. Certain of his friends are not content with the ordinary manifestations of friendship, but they feel it incumbent upon them to depreciate as much as possible the merits of others. His partisans seek to draw from him expressions derogatory to the character or practice of the practitioners to whom they are opposed. His words are misinterpreted, and his silence may be misconstrued. Tale-bearers are ready to carry offensive reports to those to whom they refer. Resentment and retorts naturally follow. Thus it is that they who should be brethren are at sword-points. Now, generally this result might be prevented by a very simple procedure. Let any one who is led to impute a grievance to another practitioner at once seek an explanation in a spirit of kindness and charity. The result will be, in nine cases out of ten, that either the imputation is without foundation, or a satisfactory apology will be obtained. Such an explanation may tend to produce mutual confidence and cement friendships.

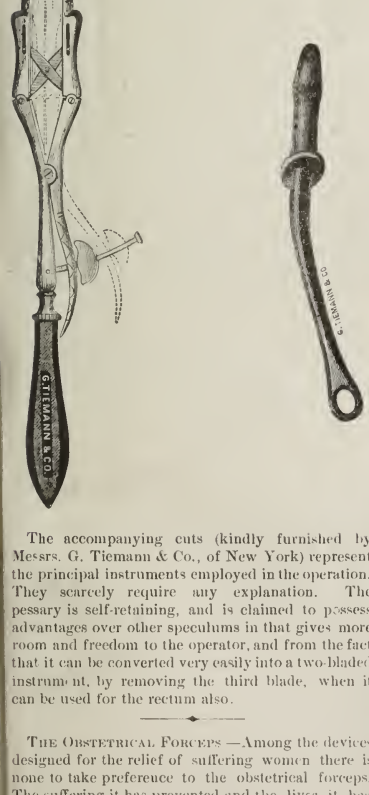
Harmony among physicians is most desirable, not alone for the comfort of those concerned, but as conducive to the honor and usefulness of the medical profession. It is essential to co-operation in medical consultations, in measures for public health, etc. For the maintenance of harmonious relations, local associations are important. In places of small or moderate size, these associations should embrace all the members of the profession of the community who are in good standing. In this way are avoided the evils of cliques, which are to deprecated. The local associations should have more or less of a social character. They afford opportunities for intimate acquaintance, for the explanation of misunderstandings, and for their prompt adjustment. Observation will show that, in the places in which such associations exist, much more harmony and good fellowship prevail than in the places in which physicians are not brought together in social intercourse. Controversies and contentions, however, can not always be avoided. They will be terminated with the more difficulty the longer they continue. The code of ethics, therefore, judiciously instructs that, if not terminated immediately, they are to be adjusted by arbitration. The method to be preferred is for the parties to select disinterested and unprejudiced persons as arbitrators, having previously agreed to abide by their decisions. In this way publicity may be avoided. But, if a supposed grievance involve a question of flagrant unprofessional conduct, there may be no alternative beyond a formal complaint to and an adjudication by an organized society, embracing among its powers regulations for investigation and discipline in such cases. The code instructs that the censors of a county society are to adjudicate. This, evidently, should be left to the action of the society, which may refer these matters to a special committee on ethics, or to committees appointed for the purpose in particular cases. Here, as elsewhere, the code takes no cognizance of the modes of discipline. Each society may determine these without regard to the action of other societies. The reasons for secrecy as regards the subject-matter of the adjudication of differences among physicians are succinctly but amply set forth in the code. Secrecy, however, can hardly be expected when expulsion from societies and exclusion from professional fellowship are the penalties inflicted. Nor, with a view to a salutary moral effect, would secrecy, under these circumstances, be desirable, were it practicable.

Rapid Dilatation of the Cervix Uteri.—In a paper read before a recent meeting of the Medical Society of the County of Kings, Dr. John Ball called attention to a report submitted by him in 1873, in which was contained some quite remarkable results in stricture, chronic endo-cervicitis, conical cervix, flexions, sterility, etc., by rapid dilatation of the cervix. He now reports that in the interim of ten years his experience has confirmed him in the views then expressed. In the treatment of such cases,



rapid dilatation has entirely superceded tents, the knife, scissors, curette, etc., in his practice. He reports additional cases of dysmenorrhœa, chronic cervical endometritis, menorrhagia and metrorrhagia, in which this method of relief was resorted

to with very remarkable success. The operation is performed under an anæsthetic. The dilator having been carefully introduced, is operated by means of a screw as will be readily understood by a reference to the cut, and the canal divulged in all directions to the extent of the capacity of the instrument. The pessary is then introduced and kept in position for a week, the patient being kept on her back the while. Dr. Ball considers his plan quite as safe as any other successful method.



The accompanying cuts (kindly furnished by Messrs. G. Tiemann & Co., of New York) represent the principal instruments employed in the operation. They scarcely require any explanation. The pessary is self-retaining, and is claimed to possess advantages over other speculums in that gives more room and freedom to the operator, and from the fact that it can be converted very easily into a two-bladed instrument, by removing the third blade, when it can be used for the rectum also.

The Obstetrical Forceps.—Among the devices designed for the relief of suffering women there is none to take preference to the obstetrical forceps. The suffering it has prevented and the lives it has saved are incomputable, in the opinion of the great bulk of the profession. But while it is thus potent for good and has effected much, it is also potent for evil of which it has been, and is still the instrument of much. That the facility with which it is capable of shortening the throes of labor, and nullifying the curse "in sorrow shalt thou bring forth," has induced too much freedom, and even recklessness in its use, hardly admits of question. Doubtless, too, this same facility too often causes it to be employed when sounder obstetrical knowledge would either rule against it or effect the desired promptitude of relief without resort to it. There are those in this day who will endorse the statement by William Hunter, a hundred years ago that "the forceps have done more harm than good."

Few practitioners of experience will gainsay these propositions, but the difficulty in the way of freedom from the abuse of the obstetrical forceps, lies in the fact of the difficulty of convincing any one who has had even the most limited experience in its use, that he is not perfectly competent alike to judge of its applicabitity, to apply it and to manipulate it after it has been applied. It is an exceeding ly fascinating operation, delivery by the forceps, and few there are who do not regard themselves skillful operators, or who will openly admit that they ever insert the blades injudiciously, either as to time or manner. There may be many, however, competent men, who are honest with themselves, and who can, on reviewing their experience, recall instances in which its use was not by any means obligatory and who can trace to the forceps injuries to mother and child which it would have been well to have avoided. It requires a considerable degree of intelligence in the practitioner to determine the proper relation between effects as noted and their cause; it requires, too, a certain degree of honesty to enable him to discover effects due to a means in whose favor he is avowedly prejudiced. Perhaps, and probably, were the secret history of the obstetrical forceps fully unveiled it would astonish by its revelation of injury to mother and child.

The teachings of the earlier obstetric lights insisted on great caution in the use of the forceps. It was, for instance, not to be applied until the child's ear could be felt; until the os uteri was fully dilated; until the head had entirely escaped from the uterine cavity; and it must never be employed as a compressor. These rules, with the exception of the first, have not been materially improved on to this day. Doubtless, in the hands of the skilled operator each one of them may be at times safely violated, but as a guide to the use of the instrument they are very correct, and it is their infraction that has wrought those disasters which have excited so much prejudice against it in the minds of the laity. We hold the indiscriminate introduction of the blades into the cavity of the uterus to be exceedingly dangerous. It has been productive of much injury to the child and permanent damage, lacerations of the uterus and bruises of the pelvic structures, in the mother. The necessity for introducing the

forceps into the uterus is of exceedingly rare occurrence; it most frequently finds its excuse in the desire on the part of the accoucheur to save time, and that in his own interests rather than in that of the woman. There has been a growing need of inculcating conservatism in the use of this instrument. Greater care in the time and manner of its application would inure to the weal of women, and reduce the amount of gynecological material.

Dr. Elliott Richardson, of the University of Pennsylvania, closes a recent excellent paper on the "Use of the Obstetric Forceps" (Medical Times) with the following with which we would close our reference: "While I would not hedge the forceps round with rules which would often restrict its proper use, I submit that teachers in the present day err in not impressing on the minds of their auditors, with sufficient emphasis, the dangers attendant on the imprudent use of the forceps, particularly when it is applied in the uterus, and in not calling their attention more closely to the value of time and of the slow, rhythmical succession of the expulsive efforts, whether made by the mother herself or imitated by the physician with his forceps, in so moulding the fœtal head and dilating the maternal parts as to preserve the integrity of the tissues of both, without interfering dangerously with the uterine or placental circulation. To my mind there is the wisdom in the words of the illustrious Smellie, who more than a century ago wrote the sentence: 'I did not then recommend the use of the long forceps, because I was afraid of encouraging young practitioners to exert too great force and to give their assistance too soon.'"

McDaniel's Method of Artificial Respiration.—The New Orleans Medical and Surgical Journal calls attention to a method of artificial respiration discovered by Dr. A. McDaniel, of Alabama, and, very justly, we think, after having read a description of it, complains that it has not received merited recognition by the profession. That the fault has not lain with the discoverer is evident from the fact that he read a paper describing it before the American Medical Association in 1869, and another before the Alabama State Medical Society in 1879. The method is in many respects an improvement on Marshall Hall's and Sylvester's methods; it is especially adapted to small patients. We give a description of it in the author's own words, as copied from our contemporary:

"After the invention of the spirometer, by Hutchinson, it was soon ascertained that the capacity of the chest is greater in the erect form than in any reclined or recumbent position. This is a great fact for physiology, for pathology, and for therapeutics. The chest is a cylinder, and the diaphragm is a piston whose pump motion varies the chest capacity and causes an ingress and egress of air. In the recumbent position the liver and other contents of the abdomen press upon the diaphragm and diminish the chest capacity. In changing from the recumbent to the erect position, this pressure is gradually removed and the chest capacity is increased. It is obvious that all that is necessary to cause air to enter the lungs, is to change the patient from any recumbent or any inclined position to the erect one; and all that is necessary to cause the air to pass out of the lungs is to move the patient back from the erect to any inclined or recumbent position. But I have discovered that the increase of capacity in the chest is slow and small in moving from the recumbent position to an elevation of forty-five degrees, and rapid in ascending from forty five degrees to the erect position. It is, therefore, not essential in practicing artificial respiration to move the patient through the whole range from recumbency to erectness, but is sufficient to use only the upper half of this range, merely moving the patient from a forward inclination of forty-five degrees to the erect position and back again. Every upward and backward movement produces an inspiration, and every forward and downward movement an expiration, and the two together a complete respiratory act. By regularly repeating these acts, artificial respiration is rhythmically performed, and can be prolonged at will. Any one will find that if he leans forward from the erect position to an inclination of say forty-five degrees, he will mechanically and involuntarily expire, and if he moves back to the erect position he will mechanically and involuntarily perform inspiration. He cannot, by any power of volition, prevent the result or reverse it. This simple movement upward and backward to the erect position, and downward and forward to a sufficiently inclined position, regularly repeated, constitutes my proposed new method of artificial respiration."

In this connection we might suggest that the name of Dr. Kedzie, of our own state, has not been as intimately associated with his method of resuscitating the drowned, as it should be. We have seen it described without the remotest reference to its author. "Kedzie's method" certainly deserves a place in medical nomenclature.

Darwin's Religion.—The religious views of Darwin have been much discussed, but there is little in his writings which gives an inkling to these views. It has been argued by some that an acceptance of his theory of the origin of the species does away with the conception of a personal God. Perhaps it does, and yet there is a class to whose minds it is not less a work of omnipotence and omniscience to create a protoplasmic mass having in it the promise and the potency of all forms of life, vegetable and animal, and vested with the power of evolution, than it would be to make of the creation of each form of being, a distinct act. As an honest scientist (and was there ever a scientist more honest) Darwin could only judge from the evidence before him. This way of judging he projected into everything which engaged his attention, seeing no reason why a different method of arriving at conclusions should obtain in immaterial affairs from that which

governed him in the material. And yet he denied not the existence of personality in God. In a conversation with Büchner, he said he agreed with him in thought, but preferred the word agnostic to athcist. He had given up Christianity, as a distinctive creed, because "it is not supported by evidence." In a letter to a Jena student, he says: "For myself, I do not believe that there ever has been any revelation." Gaillard's Medical Weekly gives a translation of a letter written in 1873 to Mr. N. D. Doedes, a Dutch gentleman, as given in the Vienna Neue Freie Presse: "I find it impossible to give a brief answer to your question. I do not know if I should be able to answer it if I should write a great deal about it. This much I can say, that the impossibility of understanding how this great and wonderful universe, besides our own consciousness, could have come into existence, through chance, seems to me to be our principal argument for the existence of a God; but whether this argument is of any value, I have never been able to decide; for I know that, if we accept a highest cause, the mind again strives to know whence *it* came and whence *it* arose. Moreover, I cannot pass over the difficulty which, on this assumption, arises from the vast amount of suffering prevalent in the world. I am, indeed, bid to attach a certain amount of weight to the judgment of the large number of intelligent men who have implicitly believed in God; but here, again, I see what an insufficient kind of proof this is. The safest conclusion seems to be that whole subject lies beyond the range of human understanding. Nevertheless, *a man may do his duty.*"

The Late Surgeon-General Barnes.—Departed this life at Washington, D. C., on the 5th inst., Brigadier-General Joseph K. Barnes, M. D., in the 66th year of his age. Dr. Barnes graduated in medicine from the University of Pennsylvania in 1838. He joined the medical corps of the army in 1840, when he received his commission as assistant surgeon. He was appointed surgeon in 1856. At the outbreak of the late civil war he was stationed at a post on the Pacific coast, whence he was called to Washington and made medical inspector with the rank of lieutenant-colonel. In August, 1863, he was appointed surgeon-general, with the rank of brigadier-general. In 1865 he was breveted major-general and last year he was retired in compliance with the general law. The general order of the adjutant-general gives a very concise statement of the important events in Dr. Barnes' life and we quote from it the following having more especial reference to his great work:

"He was eminent, skillful and successful in his profession as surgeon and physician, and distinguished for great administrative ability as the head of the medical department. He inaugurated the medical history of the war. He founded the Medical Museum and brought the Medical Department to the highest state of efficiency. During the troublous times of the late war he earned the unbounded confidence of the Secretary of War, Mr. Stanton, and held it unbroken to the last. At the time of the assassination of President Lincoln and the attempted assassination of Secretary Seward, he attended the death-bed of the one and ministered with untiring energy and skill to the successful restoration of the other. So during the long illness of President Garfield, he was one of the distinguished surgeons of the land, who for days and nights served with devoted duty in the sick chamber of the dying president. During these long protracted hours of anxiety and care his own health gave way, and from that moment to the time of his death he was an invalid. His career was one of honor to himself, and of great service to his country."

Oxaluria.—Dr. Joseph L. Bauer, of St. Louis, reports (Medical and Surgical Reporter) a case of oxaluria which manifested itself in irritability of the bladder with frequent micturition, day and night; pain along the urethra and at the neck of bladder after urination; muco-gelatinous discharge from the urethra and flakes of mucus in the urine; hypochondria, indigestion, general pains, constipation and partial impotency. An examination showed urethral hyperæsthesia and a tender and slightly enlarged prostate. The latter condition was relieved by a mixture of buchu, hyoscyamus and acetate of potassa, internally, and a suppository of ten grains of iodoform, five drops of oil of eucalyptus introduced into the urethra daily. The sensitiveness of the parts being allayed and an examination of concretions passed revealing oxalate of lime, five drops of dilute nitro-muriatic acid, to be gradually increased with toleration, were given three times a day, and a solution of one and a half (1½) drops of pure nitric acid in two ounces of water was injected into the bladder

The oxalate of lime diathesis is more frequent than is generally supposed, and is often mistaken for some other obscure difficulties. Thus a sufferer for some years, consulted a neurologist of New York city, who immediately diagnosed some serious nerve trouble. The patient returned to St. Louis, and placed upon an acidulated carbonic acid and beer diet, and soon recovered his health. Medical literature fails to discover any distinctive discussion of this disease. Walter Coulson, F. R. C. S., England, and Prof. Austin Flint, are the only ones in which references could be found. It would be well for some of our authorities on genito-urinary subjects to devote more space to the description of such affections, which are so liable to be mistaken for other pathological conditions. Peri-nephritis, for instance, is another one of these renal difficulties which have not received sufficient attention. Dr. Gibney, of New York, has directed our attention to the great resemblance it bears at times to the morbus coxarius, and yet none of our great orthopedic surgeons make reference to it. And yet, the disease exists and does simulate hip-joint disease greatly.

Disinfection of the Stools in Enteric Fever.—The importance of the thorough disinfection of the stools in enteric fever is, to those who believe in it at all, so great, and its practical results in the control of the extension of the disease are so manifest and direct, that any additional data as to the best methods of employing disinfection cannot fail to be of interest. On the other hand, there are quite as many physicians to whom the subject appears to have no importance whatever. These latter either do not believe in the necessity of the disinfection of enteric fever stools, or else they regard it as of so slight moment that it matters not practically whether it be attended to or not, or, finally, whilst professing to recognize its importance, they adopt in practice imperfect or incomplete measures to accomplish it. Indeed, it may be regarded as the exception to the rule, rather than the rule, both in private practice and in hospitals, to systematically and thoroughly disinfect every stool, even in well-characterized cases of enteric fever. To both of these classes of physicians it cannot but prove of advantage to read the excellent paper on this subject published by Dr. James C. Wilson in the American Journal of the Medical Sciences for April, 1883.

He shows that although the nature of the germ that gives rise to enteric fever is unknown, many facts in its natural history are established by abundant proof. Of these, the following have a direct bearing upon this subject:

1. It is invariably derived from a previous case of enteric fever.

2. It is eliminated with the fecal discharges.

3. It is not capable of producing enteric fever at once in susceptible persons exposed to it, but must undergo changes outside the body before it acquires this power.

4. It retains its activity in favorable situations for a lengthened period, the requirements to this end being decomposing animal matter, especially fecal discharges, and moisture.

5. In such situations it is capable of reproducing itself.

These are the facts which indicate with singular directness the true measures necessary to prevent the spread of the disease, the efficient prophylaxis.

Syphilis of the Eye and its Appendages.—Dr. Leartus Connor publishes in the American Journal of the Medical Sciences for April, 1883, an interesting paper on this subject, in which the following points are emphasized:

1 The study of specific ocular diseases is helpful in the diagnosis of certain obscure cases otherwise difficlt to make out satisfactorily. Thus, a specific iritis will at once set at rest all doubts as to the origin of a series of indefinite general symptoms which have annoyed the patient and puzzled the doctor.

2. The careful attention to these cases is the only method by which, in many cases, the eyes can be saved intact during the course of the disease. Surely, when such attention can save eyesight in some cases, it is criminal not to give it to every case.

3. The study of these lesions calls for the most searching examination of the cutire organism. Especially is this true of such affections as cannot be distinguished from like diseases of the eye due to far different causes. Thus, if the early treatment of a dacrocystitis be simply local, it is sure to fail if it be of specific origin. Hence, the only chance to avoid failure lies in such an examination as will reveal its specific nature. The same remark applies with even greater force to many other specific diseases of the eye, as will be gathered from his brief review. From this it follows that, in every eye case, the only safe practice is to constantly entertain the possibility of specific infection.

4. The treatment of every specific case calls for constant watchfulness of the eyes with the ophthalmoscope, otherwise lesions impossible to repair may be established before the practitioner is aware of their existence or of any danger. Perhaps in no class of troubles is it more apparent that the general and special knowledge of morbid phenomena need to be constantly combined in one person. The special practitioner needs to be general one, and the general practitioner a special one.

The Germicide Value of Certain Therapeutic Agents.—Dr. Geo. M. Sternberg, in the American Journal of the Medical Sciences, April, 1883, has made a long series of experimental studies as to the germicide value of certain therapeutic agents on various forms of bacterial organisms. In his experiments on the micrococcus of gonorrhœal pus, he found that, in general, those reagents which destroyed the vitality of the micrococcus from pus are destructive of other organisms of the same class; and their relative value as germicides is not changed when a different micro-organism is used as the test of this value. Moreover, the reagents which were found to be practically valueless as germicides in the first series of experiments, *e. g.*, ferric sulphate, sodium sulphite and hyposulphite, boracic acid, etc., proved to be equally without value when the test was extended to other micro-organisms of the same class. But the reagents found to possess decided germicide power have, in some cases, a different value for different organisms. In other words, the vital resistance of different bacterial organisms to the reagents in question is not in all cases the same. Nevertheless, the comparative germicide value of the reagents tested is the same for the several test-organisms, and, allowing certain limits for specific peculiarities, it is safe to generalize from the experimental data obtained in the practical use of these reagents as disinfectants. But it must be remembered that the resisting power of reproductive spores is far greater than that of bacterial organisms in active growth (multiplication by fission), and the data obtained for the latter cannot be extended to include the former.

The antiseptic value of the reagents tested depends upon their power to prevent the multiplication of putrefactive bacteria, and this is not necessarily connected with germicide potency.

BATTEY'S OPERATION.—Dr. J. H. Carstens, of Detroit, reports in the March number of the American Journal of Obstetrics, three cases of Battey's operation. He prefers this name as applied to this operation because of its avoidance of that useless destruction of brain cells which is associated with the pronunciation of such names as have been given it, derived from the dead languages. Of course brain cells are scarce (not scarcer, however, we hope, among gynæcologists than among other specialists) and any such useless destruction as is suggested by Dr. C. cannot be too roundly condemned. His argument, therefore, in favor of the name which he prefers to oöphorectomy (notwithstanding the descriptive nature of the latter) is, in the language of a distinguished western jurist, "irrefragable, incontestable, indubitable, indisputable and incontrovertible."

Aside from its philological diversion the report is a valuable contribution to the literature of this operation, which has been struggling so strenuously for recognition. It gives the details of symptoms and operative procedure in each case. Of the three cases two recovered. The report closes with a summary of the author's views regarding moot points in connection with the operation: He is a firm believer in Battey's operation; he is an adherent of antiseptic surgery; he does not believe in the spray; he is disgusted with catgut; he holds it to be criminal neglect not to perform the operation in cases which have failed to be benefited by other treatment, as for instance, hystero-epilepsy, dysmenorrhœa and menorrhagia due to fibroid tumors, when these affections either endanger the life of the patient or make life a burden to her.

IODOFORM IN FISSURE OF THE ANUS.—Dr. Thomas Hay, of Philadelphia, (Medical and Surgical Reporter) has found the local application of iodoform in anal fissure sufficiently successful to warrant him in bringing it to the attention of the profession in this connection. Coincident with its use the bowels must be kept in a soluble condition—neither constipated nor relaxed; the anus and parts involved by the fissure must be kept constantly clean and free from deposit and dry incrustations. With one or two evacuations a day, the application of iodoform in very fine powder, dusted on the fissured parts in form of very fine powder or applied in form of ointment or suppository, may be expected to speedily relieve the fissure. The application should be made three or four times a day, after each evacuation and in the intervals. Should the undiluted powder prove too painful it may be diluted with powdered acacia. He insists particularly on the necessity of powdering the iodoform very fine, a single small crystal being capable of causing much irritation and pain.

MYOSURIC URINE.—Under this title M. Denancey describes a kind of urine which must have attracted the attention of those of our (Medical News) readers accustomed to make urinary examinations.

The following are the physical characteristics of such urine: It has a strongly reddish-yellow color; has a specific gravity which oscillates between 1025 and 1029; does not contain any sugar; is but slightly acid; blackens silver vessels in which it is boiled, and is colored brownish by the cupro-potassic test. He finds, further, that it has the property of decolorizing iodide of starch, which is due to the unoxidized sulphur in the large quantity of extractive contained in it. M. Denancey thinks that this condition of the urine is a pathological state related to diabetes, and he therefore proposes to name it *myosuric diabetes.*

WHITE PAINT IN ERYSIPELAS.—Mr. Barwell (Lancet) has found white paint very efficacious in erysipelas. He reports three cases in which its application was followed by prompt relief of pain and swelling. He mixes carbonate of lead, after the usual manner, with linseed oil, a little turpentine being added as a dryer, and applies freely to the inflamed surface. The remedy probably acts by occlusion of air after the same manner that it does with so much benefit in burns.

The North American Review for May contains nine articles, nearly every one of which discusses some topic or problem at the present moment prominent in the public mind. Senator John T. Morgan writes of "Mexico," and sets forth the considerations of commercial advantage and international comity which are rapidly bringing about a more cordial understanding between that country and the United States. The Rev. William Kirkus, taking occasion from Bishop McQuaid's recent vaticinations regarding the decay of Protestantism, makes a vigorous counter charge upon the papal system in an article entitled "The Disintegration of Romanism." In "Emerson and Carlyle," Edwin P. Whipple discourses with all his old-time keenness of psychological insight and perfection of literary form upon the strangely diverse mental and moral characteristics of those two great thinkers. Prof. Felix Adler offers "A Secular View of Moral Training" arguing that the current skeptical habit of thought demands an independent system of practical ethics, based primarily on observation rather than on revelation. "Communism in America," by Prof. Alexander Winchell, gives very forcible expression to the apprehensions of those pessimistic observers of the trend of events in this country who think that they see in our political and social development all the signs of impending national decay. The other articles are "Affinities of Buddhism and Christianity," by the Rev. Dr. James Freeman Clarke; "Woman as an Inventor," by Matilda Joslyn Gage; "College Endowments," by Rossiter Johnson, and "Extradition," by A. G. Sedgwick. Published at 30 Lafayette Place, New York, and for sale by booksellers generally.

Dr. J. V. Shoemaker, secretary, announces that the next annual meeting of the Association of American Medical Editors will be held in Cleveland, O., simultaneously with that of the American Medical Association, on June 5th and 6th, 1883. The subject of the address to be delivered by the president, Dr. N. S. Davis, Chicago, is "The Present Status and Tendencies of the Medical Profession and Medical Journalism." A free discussion upon this important subject is invited, which will be open, not only to members, but to all physicians present. Dr. Marcy's address will be upon the subject of "Journalism Devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments." The secretary was authorized at the last meeting of the association, held at St. Paul, Minn., to make the above arrangements for the coming meeting, and also to specially invite all the members of the profession, and friends attending the meeting of the American Medical Association, to be present. The meetings will be held in the interval between the meetings of the sections of the American Medical Association, and the social entertainments of the evening. The sessions will be short, and undoubtedly interesting.

Home Health is the name of a new journal which has been laid on our table. It is issued from Peoria, Illinois, and edited by Romaine J. Curtiss, M. D., of Joliet, Ill., who is assisted by Dr. Thos. H. McIlvaine, of the Peoria Medical Monthly. Dr. McIlvaine is also the pubisher. The journal contains 48 pages, and will be issued monthly; subscription price, $2 00. Its name indicates its mission, and its circulation will be chiefly among the laity. The first number is very creditable. We do not know Dr. Curtiss, but our knowledge of his associate and publisher satisfies us that the excellence of the first number will be maintained. Dr. McIlvaine is a virile writer and has lots of what is commonly known as "sound horse sense."

The Medical Bulletin in its March number expresses a hope that the action taken by the New York State Medical Society was a wise one. Fearing that this expression might be misconstrued, it in its April issue, takes occasion to say that it made it in a "pitying sense," and that it is "decidedly opposed to any innovation or departure from the grand Code of Ethics" of the American Medical Association. From which we infer that, in our brother's eye, the Code admits of no improvement—one of the exceeding few of the works of man which are perfect,—a very lily, to limn which would be to spoil.

About the most generous offer we have seen for some time is contained in the advertising department of an English contemporary. A medical student whose means have been exhausted, wants to borrow enough money to put him through, which he promises to refund, with a moderate interest, when he is able to do so from his earnings. If necessary, he would, as a guarantee, at once marry his benefactor's daughter, or, if he prefers it, would give a guarantee that he would do so on passing his final examination. That young man should come to this country; he has check enough to ensure success even in Chicago.

It now seems that the charges of gross irregularity some time ago made against the Columbus Medical College were not warranted by the facts. The Illinois State Board of Health has at least so proclaimed after "a careful investigation of the essential facts." It is true there be those who say that the Illinois State Board were unduly influenced in arriving at this conclusion, but we have no doubt that the Columbus Medical College is just as good as many of the colleges in first class standing. In saying this we have no desire either to compliment or libel that institution.

The *—ines* are now in their heyday. The compounds which, with utter disregard of the rules of either chemistry or pharmacy, are being formed with this termination are exceeding numerous and brilliant. The latest which we have seen is urethrine. No, gentle reader, this is not the active principle of the urethra. On the contrary, it is a compound designed to relieve the specific inflammation of the urethral lining membrane to which erring youth is so prone. Of course the name is copyrighted.

The Philadelphia Hospital for Skin Diseases announces important addition to its facilities in the way of Turkish, Russian, vapor, medicated and electric baths. Dr. John V. Shoemaker is the physician in charge, which fact is a guarantee that these means are not, as is too frequently the case, empirically employed. The opportunities for the clinical study of skin diseases at this institution are exceptional.

The Mississippi Valley Medical Monthly reports that a family driven by the floods near the mouth of the St. Francis river, settled at Helena, Ark., about March 10th, and within ten days five of the number died of pneumonia. The sixth, and only surviving member, was dangerously ill on the 25th of the same disease. Is pneumonia a contagious disease?

Beginning with the first number of the tenth volume for May 3d, 1883, the Maryland Medical Journal will be issued as a weekly publication and will appear every Thursday. Each number will contain sixteen pages double column of solid reading matter. The size and appearance of the Journal will be slightly altered to conform to the requirements of a weekly.

"Father," said Johnny, "this paper says that 'many prominent citizens are now ill with pneumonia and kindred diseases.' What is kindred diseases, father?" "Why, my son, a kindred disease is—is—why, yes, yes! a kindred disease is one that runs through an entire family—kindred, relatives, you know. Surprised you don't know that, Johnny."

Goltz has determined that the destruction of both vertex convolutions in dogs causes not only diminished intelligence, but also a remarkable change in disposition. Harmless and good-natured dogs after this experiment become surly, quarrelsome and violent. In the light of this experiment, we can now conjecture the nature of the accident which must have recently befallen the editor of the Louisville Medical Herald. We could sympathize with almost anything under such circumstances. With careful nursing the symptoms may improve, although at his age the prognosis is necessarily unfavorable.

Sir Erasmus Wilson, although seventy-four years of age, is still in the harness. He is now engaged in other than medical studies. He is President of the Biblical Archæological Society, and Treasurer of the Society for the Exploration of the Buried Cities of Egypt.

It makes a difference whose ox is gored: "What did the doctor say of me?" nervously inquired the sick man. "Oh, he didn't say anything," replied his friend encouragingly; "but there is no occasion for any alarm—he seems quite easy and well satisfied." "Yes," retorts the sufferer, "so would I if I were in his place."

"Time is an herb that cures all diseases," said the late B. Franklin. The "Imp" thinks Benjamin was no better posted on "yarbs" than he was in orthography. Thyme is an herb, but not being a patent medicine, it will not cure all diseases.

The Alienist and Neurologist says: "'The Merry Mulheron, of the Michigan Marshes,' pays his compliments to 'the dauntless dermatologist of the blue-grass region.' When friendly fraters editorial fall into frenzied feeling they furiously fight in finely-formulated phraseology."

Sanitarians now tell us that a house of more than five stories is an unhealthy and dangerous tenement, no matter how it is constructed. Such information is invaluable. We never did take to these ten and twelve-story dwelling houses, and it flatters us thus to learn that they are unhealthy.

Our Continent has the following under head of "Exchange": A young physician, who has been in one town for several years, would like to exchange practice with some other young physician in a town several hundred miles away—the further the better.

A cynic cites as an evidence of the ineffectiveness of medicine, the fact that although there are 140,000 plants known to botany, no compound has yet been made which will undo in ten minutes what a hornet can do in two seconds.

Chrysarobin (from Goa powder) is a dioxymethylanthraquinone. So at least say the chemists.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By Geo. B. Wood and Franklin Bache. Fifteenth Edition, re-arranged, thoroughly revised, and largely re-written With illustrations. By H. C. Wood, M. D., Member of the National Academy of Science; Professor of Materia Medica and Therapeutics and of Diseases of the Nervous System in the University of Pennsylvania. Joseph P. Remington, Ph. G., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy; First Vice-Chairman of the Committee of Revision and Publication of the U. S. P. And Samuel P. Sadtler, Ph. D., F. C. S., Professor of Chemistry in the Philadelphia College of Pharmacy and of General and Organic Chemistry in the University of Pennsylvania.

Philadelphia: J. B. Lippincott & Co.

The present edition of "Wood and Bache," a name familiar as household words to the English speaking profession everywhere, is the fifteenth, and is given from the press just fifty years from the date of issue of the first edition. The fifty years which have come and gone have been years of such intensity of activity in the scientific world as has, as far as we have any means of knowing, never before been even remotely approached in the history of our race. The majority of medical works now issued from the press are of such ephemeral nature, and those which are most studied and most referred to at the present day are of such recent date, that one feels a sense of reverence in the present of this patriarch of fifty years It has not only survived these years of revolutions and upheavals, but has steadily grown by accretion, and now stands before us in form and style and matter perfectly abreast of the latest advances—a very giant, vigorous among giants, even though its locks are silvered with the frosts of half a century. The mantle of Geo. B. Wood and Franklin Bache has fallen on worthy and capable shoulders. The senior editor, moreover, had the advantage of having been engaged on the three previous editions under the rigid discipline of Dr. Geo B. Wood, thus becoming familiar with the methods and thoughts of the author, and with the principles which his great experience and learning convinced him were essential to the building up of a Dispensatory.

The editors of the present edition of the U. S. Dispensatory are acknowledged leaders in the several branches to which their labors on it have been respectively devoted—Dr. H. C. Wood in Botany, and the Medical Properties and Uses of Drugs Prof Jas. P. Remington, in Pharmaceutical Chemistry, and Prof. S. P. Sadtler, in Theoretical Chemistry and Toxicology—and nothing in commendation of the work need be added to the statement that the 1928 8vo. pages have been divided in proper proportion between them, and that each has done careful and conscientious work.

As was the case with the first edition of the great work, so it is with the present, the U. S. Pharmacopœia is its basis, and the revision of 1880 has been its standard. But it is not confined to drugs officinal, part 2, consisting of some 300 pages, being devoted to drugs and medicines not officinal. This part contains the fullest consideration of the newer remedies of any standard work, and is extremely valuable in these days of many new remedies.

A feature of the work is its instructions in the matter of pronunciation. This is truly a long-felt want. A standard authority on pronunciation has been much needed. There is a great diversity in the manner of pronouncing the names of many of our commoner drugs, and in many instances the pronunciation is simply barbarous. The standard before us conforms very closely to the best usage, but it is not free from inaccuracies.

Letter press and binding (the latter being an important matter in a work of this size and subjected to its uses) are of the first order, and greatly to the credit of the publishers.

Some Cases of Valvular Heart Disease.

A CLINICAL LECTURE BY PROFESSOR WM. PEPPER, M. D., PHILADELPHIA, PA.

Pleural effusion occurs so frequently in connection with valvular disease of the heart, and adds so seriously to the dangers of that condition, that it is necessary to be constantly on the lookout for its development. From time to time it should be searched for by careful physical exploration, and the appearance in any such case of increased dyspnœa and disturbance of the heart's action should lead us to repeat such examinations. In some instances it does not appear until extensive œdema and ascites have occurred, while in others it may appear and even reach a high degree while there is little or no dropsy elsewhere. In these latter cases especially is the development of pleural effusion apt to be overlooked. It is easy to understand why pleural effusion should frequently occur in the course of organic heart disease. Sometimes it results from subacute inflammation of the pleura, apparently set up by the extension of morbid action from the heart or pericardium. In rare instances it may be induced by the pressure of an enormously enlarged auricle upon the azygos veins. In the majority of cases, however, it occurs as a result of the general venous stasis, and is then only one manifestation of a general dropsy. In my own experience pleural effusion in heart disease is decidedly more frequent on the left than on the right side; possibly because the first two causes above mentioned would naturally tend to produce it chiefly on the left side. The diagnosis of the effusion is easily made by attention to the ordinary signs. The danger is, as already stated that the dyspnœa and increased disturbance of the heart's action may be attributed to the extension of the cardiac disease, and no careful examination for pleural effusion be made. It is extremely important that the diagnosis should be made as early as possible, because the existence of pleural effusion adds greatly to the dangers of cardiac disease, interferes much with the action of many of our most valued remedies, and frequently calls for the use of special means of treatment, directed to the removal of the effusion. The following cases illustrates strikingly many of the above remarks:

Case 1. Patient æt. 53, seen with Dr. T. J. Yarrow. Since early in 1875 his wife had noticed that he was not himself. No rheumatism, evidently an insidious development of cardiac disease. Frequency of urination, but no albuminuria, symptoms of valvular disease, dyspnœa, palpitation, œdema and cough, made their appearance in the early summer of 1876. He had one or two alarming attacks of cardiac and pulmonary embarrassment. I saw him first on August 10th, 1876. There was marked distress; œdema of feet and legs; belly large; probably some little ascites; heart very irregular; indistinct mitral murmur; tongue furred; appetite poor; distress after eating; moderate amount of hydrothorax on the left side. His diet was restricted, with rest and occasional mercurials and laxatives. These did great good. Before this treatment, digitalis disagreed markedly with the stomach, but afterwards it was better borne; still, neither in form of infusion, tincture, or powder was it as well borne as usual, nor did it do so much good. We got rid of the dropsy of the legs, and after repeated blistering the hydrothorax was diminished and almost disappeared. I saw him again in October of 1876 and he continued moderately comfortable, though with ups and downs until January 1877, when after over exertion he was worse. Again he grew more comfortable, but on January 14, after walking out, he became very ill; intense dyspnœa, cough and palpitation appeared. He passed a bad night, and was very ill when I saw him next morning. His pulse was 115 and very irregular. There was considerable hydrothorax on the left side. The heart was displaced, the face livid and the respiration gasping. Paracentesis was immediately performed and f ℥ lxv (65) of light-colored serum were drawn off, leaving about two inches of dullness at the base of the chest. The breathing was much relieved, and the respiratory murmur with coarse friction sounds immediately returned. The heart sounds became more distinct, and the mitral murmur much louder and audible posteriorly. He was ordered restricted diet, but it was difficult to restrain his appetite. Iodide and acetate of potassium were given. Digitalis and aconite were tried, but without success; the hydrothorax returned, and on Feb. 15, 1877, he was so ill that it became necessary to perform paracentesis a second time, and fl. ℥ lx (60) of clear serum were drawn off. The needle was introduced in the ninth inter-space, just outside of the line of the inferior angle of the scapula. Apparently every drop was drawn off, as resonance and good murmur returned down to the very base of the chest. No unfavorable symptoms appearing during the operation, the same treatment was continued. Immediately after the operation, there was the same relief; but very soon evidences of returning effusion manifested themselves. He was then placed on skimmed milk, f ℥ iv every three hours; quinine, gr. ii, every 4 hours; blue mass, gr. iv every week. Under this liquid diet, rapid improvement showed itself. The fluid in the chest steadily diminished, and on March 12th it had entirely disappeared. The pulse fell to 76-80, the mitral murmur grew much less harsh and strong.

On July 1st he came again under my notice. He was feeling very well indeed; able to walk without fatigue or dyspnœa; attends to light business, and, although extremely careful, feels stronger and able to accomplish more than for a long time. There was no effusion at all; the mitral regurgitant was still pronounced; the respiratory murmur weak over left lower lobe; still lives on bread and milk, vegetables and berries; no stimulant is allowed. The œdema has disappeared. Pulse 84-90; strong pulsation of cervical vessels; heart-sounds heavy and strong in carotid; radial pulse does not retract abruptly.

Remarks.—The above case offers a number of points of clinical interest. The value of paracentesis in such an instance does not consist only, or even chiefly, in the vast relief which it affords, but in the fact that by removing a cause of greatly added dyspnœa and disturbance of circulation, it gives time for the operation of remedies, and enables them to work more efficiently. It frequently happens that ordinary means for causing absorption of pleural effusion fail when cardiac disease co-exists; and when this has proved to be the case, paracentesis should be promptly performed, even for much smaller amounts of effusion than call for it when no heart complication is present. It is important to note further how much trouble there was with digestion, and how poorly certain remedies acted so long as the marked impediment to pulmonary and hepatic circulation persisted. The dyspepsia which often attends obstructive cardiac disease, and proves one of its most troublesome symptoms, is due chiefly to the extreme congestion of the liver and of the mucous membrane of the stomach. In turn this condition reacts upon the heart, and the disturbance of its action and the consequent distress and dyspnœa are increased. In some instances the free use of remedies directed to the heart, such as digitalis, aconite, etc., will, by regulating the central organ, lead to a prompt removal of the various local congestions; but in other cases these remedies, even when freely given, fail to produce any good effect. It has been already remarked that this may be due to the co-existence of more or less pleural effusion. It is equally true that in other cases it is due to gastro-hepatic congestion, with perhaps a disposition to general plethora. It is here especially that rigidly restricted diet and the occasional use of the deobstruent remedies produce such remarkable results. The diet to be chosen must be one that is not stimulating, that does not furnish too much blood, and yet is sufficiently nourishing. In some cases an almost exclusive vegetable diet does very well. I have obtained most striking results from an exclusive skimmed milk diet, followed out as in the above case. Its effects are often truly remarkable, both in the feeling of lightness and comfort imparted, in the disappearance of dropsy, and in the improvement in the action of the heart. In such cases of cardiac disease the most valuable of deobstruents is unquestionably a mercurial; and I attach very great importance to an occasional dose of from three to five grains of blue pill, followed after six hours by a saline laxative. Not only does this reduce the general mass of blood, but it acts in a most positive manner to relieve the portal circulation, the congestion of which is at the end of so many troublesome symptoms of obstructive heart disease. It is needless to say that while attention is being paid to the points of practice above alluded to, the use of whatever special remedy may be called for by the state of the heart must be carefully pursued. In the present case much better results were obtained from general treatment than from any such special remedy; and, indeed, all of the latter which were tried either disagreed with the stomach or failed to do good to an unusual degree. The case must be regarded as a most satisfactory illustration of the great relief that can be afforded in cases of obstructive cardiac disease, even when the symptoms seem most unfavorable and most exceedingly threatening.

Case 2.—Patient 21, admitted to Philadelphia Hospital on October 29, 1876. His previous general health had been good. He was admitted to the medical wards of the hospital in the second week of an attack of typhoid fever of moderate severity. The case presented the characteristic eruption and course of febrile action. There were mental aberrations and hebetude, but no severe nervous symptoms. There was moderate diarrhœa. The bronchial symptoms were but slightly marked, and physical examination showed merely symptoms of congestion of the posterior parts of the lungs. Towards the end of the second and third weeks the temperature ranged between 100° and 101° in the mornings, and 102° and 103° in the evenings, which latter was the highest reached. The patient was treated with tonic doses of quinia, moderate stimulation, nitrate of silver and opium, fluid diet, frequent spongings, and absolute rest in bed. Towards the end of the third week the symptoms rapidly subsided, and on the morning of November 11th, about the twenty-fourth day of the disease, the temperature had fallen to 97 3-5°. A slight rise occurred on the following day, but on the morning of November 13th it was again noted at 97°, and in the evening at 99°. The following day, without any distinct chill, there was an abrupt rise of temperature to 104 4-5° in the evening; this was not sustained, but for several days ensuing there was a daily variation in temperature of wide range; simultaneously with this there also appeared great acceleration of the pulse and very rapid respiration. The patient complained of a sharp pain on the right side, and on examination, friction sound was heard extensively over the right chest. In addition to this there was feeble respiration over the right lung and over the upper lobe of the left lung, with scattered subcrepitant râles. The strength failed rapidly, and the pulse and breathing continued very frequent. The temperature for several days fell to 97° or 98° in the mornings, though in the evenings it rose nearly to 103°. Subsequently, after November 20th, the morning temperature no longer fell below the nor-

mal, until November 23d, when it again fell to 97°, with a sudden development of intense dyspnœa. Physical examination showed distention with almost immobility of the right chest; marked tympanitic percussion resonance, absence of the respiratory sounds, occasional metallic tinkling, and succussion splash. After this sudden development of pneumothorax the patient did not rally. The respirations were very hurried and shallow, and the face cyanosed. All nourisment was refused, and the temperature slowly rose to 101° on November 29th, and death followed on November 30th. At the post mortem examination there were scattered points of catarrhal pneumonia found already passing into the cheesy stage in the upper lobe of the left lung. On the right side there was extensive exudation of lymph on the pleura, the lung being in places coated with layers of recent lymph nearly one inch thick. Posteriorly there was a collection of f ℥ viij. of pus included between the layers of lymph. There were also f ℥ xxiv. of light, straw-colored fluid lying free in this pleural cavity, and in addition to this there was very extensive pneumothorax, the amount of air being great enough to distend widely the pleural sac, and to compress the right lung until its tissue was carnified. It was impossible to detect the point at which the air had escaped into the pleural cavity, the large amount of lymph formed having already covered the orifice, which was undoubtedly minute. A section of this lung showed numerous points of catarrhal pneumonia, some in the stage of cheesy degeneration, others with the formation of small pus-containing cavities. There was still some ulceration of the glands of Peyer, near the ileo-cæcal valve and at several points there was cheesy degeneration of the swollen gland tissue. The mesenteric glands were also enlarged. The well-developed character of the symptoms of the original attack leaves no room for doubt that it was one of typhoid fever, and this was confirmed by the post mortem appearances. There was no exposure of any kind to account for the attack of pleuro-pneumonia, and it must be probably regarded as septic in its nature and connected with the absorption of the resulting cheesy degeneration of the products of the typhoid exudations of the bowels. It was developed in the fourth week, but the changes in the Peyer's patches were somewhat retarded, owing to the absence of proper elimination. It is very important to recognize the absorption of these morbid products in the later stage of typhoid fever as a source of constitutional infection with the development of miliary tubercles or of septic processes in the lungs. The symptoms which mark the existence of pneumo-thorax were very prominent. It is interesting to note the occurrence of the abrupt fall of temperature and the development of partial collapse in immediate connection with this accident. The physical signs were so clear as to leave no doubt as to its nature. It was attributed, as in the former case, to perforation of the pulmonary pleura from the softening of a sub-pleural tubercle, or focus of catarrhal pneumonia. There is little doubt that such was the real mode of access of the air to the pleural sac, though at the autopsy inflation of the lung failed to detect the point of perforation. This was, however, easily accounted for by the abundant formation of lymph on the pleural surface. Numerous points of softening immediately beneath the pleura were actually found. The intensity of the pulmonary pleural lesions is remarkable, considering their short duration—only sixteen days; but careful examinations of the chest during the early days of the attack left no doubt as to the exact date of their development. The explanation of their rapid progress and fatal tendency is doubtless to be found in the state of the system at the close of the long-continued fever, and in the septic origin of the lung diseases. These influences must always be borne in mind and have due weight attached to them in framing the prognosis in pneumonias consecutive to typhoid fever. The peculiar course of the temperature subsequent to the development of lung trouble, with its morning fall of 97° or 98°, was strongly suggestive of the existence of centres of suppuration either in the lung or pleura, such as were actually found. The treatment adopted on the development of the pneumonia was a considerable increase in the amount of stimulus, large doses of quinia and carbonate of ammonia. It is needless to add that although the existence of some pleural effusion was clearly recognized, and although on the occurrence of pneumothorax the effects of mechanical disturbance of respiration were very threatening, it was impossible to entertain the idea of operative interference.

The Congeneity of the Ganglionic Diseases.

BY E. HALSEY WOOD, M. D., HERSEY, MICH.

The opinion used to prevail that diseases were "congenerous;" that as to their source or origin they possessed the quality of "congeneracy." But the words have become obsolete. Diseases are no longer regarded as due to similarity of cause or as having a sameness of origin, and hence the idea, as well as the words that expressed it, has fallen into disuse. The accepted doctrine of the day is that diseases are specific in their character; that they have specific origins and run specific courses, and have neither congeneity or homogeneity. Hence most of the class of ganglionic diseases are spoken of as "singular" or "curious," and discussed singularly as not connected either congenerically or pathologically with each other.

While none of the ganglionic diseases, when their nature and causes are understood, can be termed "singular" with any propriety or accuracy, yet it is very singular that some of them are regarded as specific and others of them as non-specific. The reason of this obviously, is in the great diversity of views in regard to the nature of disease and its phenomena. If the ganglionic diseases were recognized as such, there would be no question as to congeneity. In the present state of opinion their sameness of origin

must be established just as their specificity has been supposed to have been made out, by argument—"the analogies" being omitted, as of no account.

It is absolutely essential to a proper appreciation of any disease that its genesis should be correctly understood. It is easy to say that it is due to a specific poison, but it is impossible to prove it by any process of reasoning except in the case of the few specific diseases about which there is no dispute, and which have no bearing on the point at issue. The question is a fundamental one, and its elucidation has been the source of error in the elementary teachings of medicine. An historical case will illustrate this; "In 1860, Arabs to the number of 476 were shipped on the "Schah Jehald" at Alexandria to proceed to Liverpool to navigate a man-of-war, thence to their original port. The passage from Malta was made in thirty-two days, during which time the weather was cold and stormy and the hatches were battened down. The men, unaccustomed to the rigors of a northern climate, and not provided with suitable clothing, huddled below for warmth and shelter. They were extremely crowded on board, the space below deck being quite insufficient for so large a number, and there were no means of properly ventilating their quarters. The persons and clothing of the men were filthy in the extreme. The between decks soon became intolerably foul, for many of the men being landsmen were sea-sick on the voyage, and they discharged the contents of their stomachs and bowels all over the parts of the ship occupied by them. The stench and effluvia thereby engendered was so offensive that the vessel had to be sunk on her arrival in Liverpool. The rations served to the men were much below the proper standard, as regards quantity.

The query arises on consideration of the case of these men, many of whom fell victims to typhus, whether the specific poison of that disease was begotten of their surroundings, or whether the depressing agencies of their environment produced that form of ganglio-asthenia which assumed the nosological shape of typhus?

The specificists are at no loss to account for the action of a poison after assuming its generation. They say that it is inhaled or swallowed, and thus finding admission into the bodies of the healthy, it exercises its morbid influence on the blood. But they do not show that the blood is primarily affected, and disregarding this doctrine account for the symptoms of disease on the ground of a disturbance of the nervous system. That is, the poison through the medium of the blood produces a profound impression upon the nervous system. The different specific poisons, however, have not yet been displayed in separate form. They have been engendered by assumption and have been brought into the blood by "the analogies." And yet the phenomena of disease are of nervous origin.

It is more difficult to explain the connection between depressing agencies and their effects than it is to account for the entrance of the poison into the blood. There is the poison and the blood—and "the analogies." So there is no trouble whatever. But how do depressing agencies operate upon the nervous system? They act in some cases directly and in others indirectly, and as a matter of philosophic truth the method of their action can not be stated in words other than that depressing agencies do depress.

Last summer a woman standing in the doorway of her home in this village saw a thunderbolt descend and strike a tree eighty rods distant. The sight so affected her that she was prostrated upon her bed and seized with vomiting. She recovered fully on the next day. The question does not arise whether there was an unseen and intangible poison proceeding from that ball of electrical fluid which permeated the atmosphere and invaded the system of this woman, producing the physical disturbance from which she suffered. Because we know that fear acting as a factor of depression caused the disorder that resulted in vomiting. Fear is classed with the emotions of the mind. The feeling has many phases which may be said to correspond with the objects exciting it, and thus each object would rouse the feeling in a form or degree differing from each other, but agreeing in kind and intensity with its varying cause. In the case cited fear produced prostration and vomiting. As a feeling of insecurity on board ship at sea it begets phenomena that are termed sea-sickness. A few years ago a shoemaker in an obscure corner of a large southern city was seized with sickness and died. His dread terror his case inspired caused the people of that city to fly as for their lives, crowding the cars and engine with desperation, to the windows and railing. Terror, dread, horror, the intensest form of elementary feeling, drove them in panic-stricken crowds. Those who remained were none the less affected.

As an expression of extreme and sudden fear we have the eyeballs starting from their sockets, or in medical language, exophthalmos. There is a 'malarious' disease which presents this expression in an exaggerated form as an objective symptom giving an eye-ball that literally protrudes and known partly from this as exophthalmic goitre. As a subjective symptom exophthalmos exists in yellow fever, typhus and most so called malarious diseases. The eyes feel as though they bulged outwards and when the feeling is severe in the graver maladies they seem as though they would start from their sockets. In the emotion the expression is not due to a poison, nor is it in the aggravated form of exophthalmic goitre. The physiologists give us the rationale of this expression or symptom. In 1868 MM. Prevost and Jolyet showed that the forward movement of the globe of the eye produced under the influence of excitation of the superior end of the great sympathetic, after section of this nerve in the neck, presents the characters of movements produced by the muscles of organic life and depends on contraction of the smooth fibres which form part of the orbital aponeurosis. This aponeurosis, in fact, owing to the layer of smooth fibres with which it is

covered, forms a fibro-muscular sheath, a kind of contractile covering, conical in form, and with a focal base directed forwards, which, by contracting, presses upon the posterior part of the globe and projects it forwards. Which shows that exophthalmos, in whatever disease it may occur, is non-specific in its character and is wholly due to ganglionic disturbance.

So in like manner it can be shown that the reflex pains of the different ganglionic diseases are non-specific; that the rachialgia of scurvy and of dengue are due to identical causes; that the vomiting of cholera and of sea-sickness are produced by the same kind of disorder; and in fine that all the symptoms of this class of diseases point to their homogeneity. Their pathology discloses the invariable presence of congestion, and recent research traces their primal origin to structural changes in the ganglia.

But, say the specificists, we admit that the specific poisons attack the ganglia. Of course, and they do it by the law of elective affinity: certain poisons for certain ganglia! But it is useless to pursue the dividing absurdities further.

The physician who treats a ganglionic disease with the idea that it is due to a specific poison, treats it neither rationally nor scientifically: but he who treats a ganglionic disease as one due to disorder of "the deep recesses of the nervous system," has the correct conception of its nature. He will be able to recognize it in its incipiency and check it before irretrievable injury has been wrought. Remedies administered to eliminate a poison do not have the desired effect. Remedies given to restore ganglia to their normal condition abate evidences of diseased action. Which is the rational view and which the logical method?

Chicken-Pox in the Adult.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

I desire to present to the readers of the AGE the following report of a case in corroboration of the statements of Drs. Root, of Monroe, and Davis, of Milford: On the evening of April 2d, was called to see Mrs. H., æt. 20. Patient presented a rather haggard look, pulse 95, temperature 101 , frontal headache severe, bowels sluggish, appetite nil, muscular pain. This train of symptoms had existed for two or three days. We noticed well-marked, isolated papules upon the forehead and cheeks, and upon further inquiry found that this eruption first appeared on the abdomen and back the previous evening, which latter time is fourteen days since the time she visited at a friend's where the children were suffering from chicken-pox. The patient thinking that adults were exempt from the disease, did not hesitate to associate with the children, and even slept in the bed in which some of them had been confined with the malady. Drs. Murchison and Squire say that the period of incubation is from 10 to 13 days. That the above train of symptoms are those of varicella; that varicella is not strictly a disease of childhood; that it may and does occur in the adult; that the period of incubation is 14 days or thereabouts, there is, in my mind, no doubt.

BY M. R. MORDEN, M. D., ADRIAN, MICH.

Concerning the possibility of chicken pox occurring in the adult, the recorded opinion on the subject has always been a matter of surprise to me, as during my professional life of twelve years I have seen a goodly number of cases of the disease, and I think it would be safe to state that at least 25 per cent. of such cases have been in persons between 16 or 18 and 40 or 45. During my earlier life, I have seen also many cases of it in adults. A lady waiting in my office recently, entertained herself with a copy of the AGE, and after reading the article of March 10th, asked me if it was possible that any person could doubt that chicken-pox occurred after childhood, and cited her own case and many others in the affirmative. I saw a few cases of it recently among the graduating class of our High School, and understand that a large share of the class, as well as many other young adults here, have enjoyed its gentle presence this spring.

A Case of Hepatic Abscess.

BY R. H. NELSON, M. D., RIDGEWAY, MICH.

On Tuesday March 13, 1883, I was called to see the little daughter of Mr. S., æt. 2½ years, whom I found suffering from pain in the region of the liver. On examination I found the child much emaciated, of a cachectic appearance, and very much bent forward while standing. I found at seat of pain a hard tumor about the size of a teacup, inside the abdominal parietes which I diagnosed as incipient abscess of liver.

Advised warm poultices of flax-seed which were ordered changed every half hour, thinking I might thus excite enough adhesive inflammation to cause peritoneal adhesions. At the end of one week I considered the tumor pointed enough and the adhesions firm enough to permit of exploring the tumor with an aspirating needle, which I accordingly did, and found plenty of pus at the depth of one and one-fourth inches.

Fearing she might not bear an anæsthetic well, and deeming it well to have the responsibility divided, should any fatal result occur, I invited Dr. Woodward, of Tecumseh, to administer it for me. I made a free incision about two inches to the right of the umbilicus which was followed by the escape of nearly a pint of pus. A liberal diet and tonics were given and in one week marked improvement was discerned.

I report this case because of its rarity in young children, and also as demonstrating the advantage of using the aspirating needle in making a diagnosis.

The child had been previously troubled with ascaris lumbricoides, as many as six having crawled from her throat at different times, besides large numbers that had passed per rectum. Had a worm made its way in the gall duct? Deponent saith not. At this writing, March 31, the child is apparently well.

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Some New Discoveries in Regard to Erysipelas.—In a paper read before the Cincinnati Medical Society (Lancet and Clinic), Dr. Joseph Eichberg gives a resumé of a treatise on the etiology of erysipelas by Fehleisen, of Berlin, which treatise he regards as another step in the gradual perfection of our knowledge of the disease. He refers to the various theories of the causation which have obtained, beginning with Galen, who referred the cause to disturbances of the biliary secretion, and continuing down the line to Hüter, who advanced the theory that the erysipelatous virus belonged to the class of micro organisms. Subsequent investigations have confirmed the theory by demonstrating the presence of micrococci and bacteria. The author differs from Hüter, who considers the virus to be small micrococci in active movement, while he lays special emphasis on the fact of their immobility.

Fehleisen's experiments succeeded in isolating the erysipelas micrococci and in propogating them by culture, producing in this manner in the course of two months, fourteen generations. In the manner of their growth they presented peculiarities which at once enabled him to distinguish them from the micrococci of pyæmia and other affections whose germs are morphologically identical with those of erysipelas. The inoculation of rabbits with these artificial culture fluids produced a disease absolutely identical with erysipelas. Patients in the hospital were also inoculated with identical results. In selecting patients for these experiments a double purpose was sought to be accomplished. Remembering the frequent mention in the literature of the subject, of the favorable influence exerted by a concurrent attack of erysipelas in cases of neuralgia, typhoid fever, acute rheumatism, chronic diseases of joints and various forms of syphilis, lupus and many neoplasms, five of the patients selected for the experiments were affected with morbid growths and two with lupus. In six of the seven cases erysipelas was promptly developed; the seventh case had had numerous previous attacks of erysipelas, the last occurring but three or four months previously, and was supposed to have thus established a tolerance for the virus. Without considering each of these cases in detail, it may be stated that the development of erysipelas in no case did harm, while in three the therapeutic effect was quite satisfactory. Such inoculations are, however, permissible only when hope of benefit from operative interference has passed.

Aside from their therapeutic effect, these experiments are worthy of consideration in deciding the question of the origin of erysipelas. All cases were types of pure erysipelas as determined by Bergmann, who examined them all in common with many of his colleagues of the Würzburg clinic. In regard to the researches of Lukomsky, Billroth, Ehrlich and Tillmans, who found the micrococci in the lymphatics of the skin and subcutaneous fat, and in the blood-vessels, liver, kidney and substance of the heart, it may be safely presumed that in these cases there was a complication with pyæmia or lymphangitis or phlegmon; in the uncomplicated affection the micrococcus is found only in the lymphatics, which is characteristic of the affection. The spread of the disease does not occur, as in lymphangitis, along the course of the lymph stream, but the dissemination takes place in all directions, frequently against the direction of the lymph current.

With reference to the spread of the disease in any community, there can be no doubt that it is con-

tagious, *i. e.*, transmissible from man to man by direct contact, through the use of instruments, etc., but this is the only or even the usual method of its dissemiuation. On the contrary, no reasonable doubt can be entertained that the micrococci multiply and generate outside of the human or animal body. Moreover it is not an easy matter to produce an artificial erysipelas without resorting to the method of cultivation outside of the human body. Many experiments of direct inoculation from man to man have given negative results, which proves that the danger of contagion from a person suffering with erysipelas is not very great. The bacteria, which have entered the body, disappear almost as quickly as they multiply, without ever reaching the surface, and thus having opportunity to act as the means of secondary infections. The micrococci of erysipelas would then very speedily disappear altogether were there not some soil in which they might develop, other than the human body. As pointing to such a conclusiou, there may be cited the fact that in artificial cultures they multiply when cultivated upon potatoes, as well as upon coagulated blood serum or gelatin.

Another interesting feature of the experiments bears upon the question of immunity from secoud attacks. After a primary inoculation, seven persous were vaccinated; six were affected with erysipelas; the seventh patient had frequently been affected and had passed through his last attack a few months prior to the experimcnt. Of the six other successful vaccinations, two were repeated several times. The third case, successfully, on the 7th of October; subsequently on the 1st and 9th of November, unsuccessfully. In case No. 5 patient had erysipelas in December, 1881; on the 7th of October, 1882, she was successfully vaccinated with the culture virus; on the 9th of November, thirty-three days after this, the vaccination was unsuccessful. We may conclude from this that one attack of erysipelas confers an immunity of short duration from later attacks.

The author concludes his paper by reporting some experiments made with a view of testing the effect of two antiseptic agents upon the disease germs. The two agents were those used for the dressing of wounds in Bergmann's clinic, a one-per-cent. solution of corrosive sublimate and a three-per-cent. solution of carbolic acid. After exposing the germs on a platinum wire to the action of the carbolic acid for twenty seconds, no apparent effect was produced; for the artificial cultures developed as rapidly and extensively as before. An exposure of thirty seconds caused an imperfect and retarded development of the cultures; and an exposure of forty-five seconds destroyed them altogether. The solution of corrosive sublimate destroyed them much more quickly, an exposure of ten to fifteen seconds being sufficient to prevent their development on gelatin. As showing the value of antiseptic dressings, suggested by these experimcnts, the author cites the statistics of the surgical clinic of Bergmann, where, during a period of four and a half years, crysipelas occurred only in two cases treated with the antiseptic dressiug, and he adds, this very limited uumber may be ascribed to some slight defect in the dressings; and, when it is remembered that crysipelas is of very frequent occurrence in Würzburg, these figures show decidedly in favor of the antiseptic method. When it is further remembered that many cases of operations about the face and head, where the antiseptic dressing was not applicable, were, during the same time attacked with crysipelas, any additioual proof seems unnecessary. The antiseptic dressing will, however, only prove efficient when its application has been preceded by careful disinfection of the wound and of surrounding parts; for this purpose strong solutions of carbolic acid answer best, as they penetrate somewhat into the tissues around the wouud, without, at the same time, coagulating the albumen of these tissues; an objection which militates against the employment of corrosive sublimate.

As far as erysipelas is concerned, the labors of Fehleisen seem to decide conclusively a great deal that has hitherto been only speculation and surmise, and, with reference to completeness, are really more satisfactory than the valuable discovery of Koch which they so briefly follow. How far the future physician is to benefit by this work in the field of therapeutics it were impossible to conjecture. It is the first time that artificial culture fluids have been successfully used for the production of disease in man, and the very success which has crowned these efforts will probably serve as an encouragement to many to follow in the path which the author has so brilliantly indicated. We can only hope for the sake of humanity and of ourscience, that those who may come after shall, like Fehleisen, briug to their work scientific acumen, clear observation, and, above all and over all, a sincere desire to relieve suffering and ameliorate distress

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Quinine Pills Again.—Our readers will, doubtless, readily recall the analysis of the quinine pills of the various manufacturers of this country by the anonymous commissioner of the Philadelphia Medical News. This analysis has been very severely handled by competent critics and its errors and defects so thoroughly pointed out as to have satisfactorily demonstrated the discretion of News' commissioner in preserving his impenetrable incognito. It has, however, turned out to be exceedingly unfortunate for the profession that he was thus discrete. Had he revealed his identity and appeared as a chemist whose fitness for the task was conceded, we should possibly have been spared the infliction of another analysis which has just appeared iu the Chicago Pharmacist. Had the first analyst been held to the accountability which was, of course, impossible under the circumstances of his concealed identity, it would probably have insured greater care and ability on the part of subsequent analysts

of the same commodity. The last analysis referred to is by Prof. C. Lewis Diehl, of Louisville. Unfortunately, the paternity of this analysis inspires but little more confidence in its correctness than that with which the analysis by the anonymous commissioner was received. Prof. Diehl is well known as a pharmacist, but is not extensively known as an adept in those methods and niceties of chemical manipulation which seem to be necessary to an absolutely correct analysis of quinine pills. His results are different from those of the Philadelphia analyst, but because the latter was in error it by no means follows that because Prof. Diehl differs from him he (Diehl) is correct. In one particular, however, both of these analysts agree, and that is in declaring, by inference at least, that the wholesale manufacturers of quinine pills are either incompetent or dishonest, but there is a remarkable discrepancy as to the relativity of their turpitude as revealed by the two analyses, the only competent and honest manufacturer, according to the News' analysis, standing very near the bottom of the list of ten whose pills were examined by Prof. Diehl.

We are not a chemist and do not, therefore, presume to express an opinion on the correctness of Prof. Diehl's analysis, but a somewhat superficial acquaintance with figures, formed in our school days, enables us to detect numerous errors in his calculations as published, and our faith in the correctness of the work of a chemist who is so deficient in arithmetical ability, is correspondingly weakened. He is wrong as far as we are able to watch him, and it is fair to presume that he continues wrong after he has passed beyond our ken.

But it may be possible that the analyses of both the News' commissioner and Prof. Diehl may be wrong and there still be no reflection in the fact on their competency or honesty as chemists. This possibility is inferred from the comments of New Remedies on Prof. Diehl's analysis:

"We have every confidence in the ability and conscientiousness of Prof. Diehl, but we have some personal experience with quinine-assay, and have very strong doubts whether all the steps of the process, as detailed in Prof. Diehl's report, will be proof against criticism. We doubt very much whether the six most competent quinine analysts of the world would have obtained identical results in following the process; and, what is more, we doubt whether they would have obtained identical results in following, each, the process he considers the most accurate. For it is one thing to determine the amount of total alkaloids in bark or in a mixture, or the amount of ether-soluble alkaloid, or even the amount of quinine the manufacturer will be able to obtain from a bark; but it is an altogether different thing to separate quinine from a mixture, and to be able to say: 'Ist, this is quinine and nothing else; 2d, the other portion is not quinine, and does not contain any; 3d, the proportion of the quinine I find by analysis in the total alkaloids is the same as was present in the original quinine employed by the manufacturer.' Unless these three fundamental questions are fully and positively answered by the analysis, we hold it to be of no value. It is our conviction that the action of the Pharmacist and the report of Prof. Diehl will form the starting-point for a fresh and exhaustive study of this most difficult part of organic quantitative analysis, and will result in furnishing us methods of separation and assay that may be thoroughly reliable."

In view of the above we submit it to be exceedingly unjust on the part of a journal to publish analyses calculated to impair professional confidence in manufacturing pharmacists whose reputations—the growth of years and won at the expense of great amount of capital—are essential to their very existence. The laudable ambition of a journal to be known as enterprising and philanthropic could certainly be gratified through less questionable means.

THE NEW YORK ACADEMY OF MEDICINE AND THE CODE.—Certain features connected with the discussion now going on in New York anent the question of changing the codical restrictions placed on the practice of medicine in that state, but go to demonstrate the universality of human nature and the facility with which demagogues may sometimes constrain sensible men to stultify themselves. New York is the medical, as well as the commercial metropolis of this country, and it was hoped that in the trying times which must, almost of necessity, follow the radical change which it proposed in the Code of Ethics, it would set an example of dignified impersonality of discussion and honorable methods, which outside barbarians would do well to emulate The hope has, however, turned out to be a delusion. The result has, thus far, at least, tallied very closely with what one's experience in other communities of less pretensions, must have led him to anticipate, and the prospects are that unless the counsels of the cooler heads speedily prevail, a most unfortunate schism is inevitable. Passion and prejudice, with the trickery and devices of the machine politician, have already begun to complicate the situation, and wielded by artful and brazen-faced demagogues, sensible men, from whom better things were expected, have exhibited symptoms of commencing to be swayed thereby. To the honor of the new code men be it said the departure from calm dispassionate discussion did not originate with them, and any charges which their opponents have brought against them of packing meetings or other devices of the ward politician, remain to be substantiated. Their methods have been fair and above-board as far as we are able to judge from a somewhat careful attention to the proceedings. The first flagrant departure from the rules of honorable warfare was on the part of the champions of the old code, and the occasion was the meeting of the New York Academy of Medicine on the evening of the 19th ult. The manipulator was Dr. Austin Flint, Jr., a gentleman whom Dr. Fordyce Barker, president of the Academy, forcibly characterizes as "a most adroit machine politician, who has the fluent faculty of forcible ex-

pression, often more effective in excited assemblies than calm persuasion and sound argument, who, whatever may be his other merits, can not claim to be a medical practitioner." This gentleman, by the devices of which he is such a master, packed the meeting of the academy and sprung on it a series of resolutions, making allegiance to the old code a condition of membership. The resolutions being of the nature of amendments to the organic laws of the academy, motions to defer a consideratiou of the resolutions until a subsequent meeting, were voted down and the members making the motion greeted with hisses and derisive cheers. This action is all the more to be deprecated because of the fact that the Academy is a purely scientific body—the leading scientific body in the American medical profession—and because there existed a tacit understanding that no discussion of ethical questions should be allowed at its meetings. A year ago the matter came up in relation to the action of some of its delegates to the state society, and Dr. Flint then expressed himself in strong terms against any discussion of the code or ethical questions in the Academy, and urged that such questions should be left to a sister society, the New York County Medical Society, where they properly belonged. The gentleman at the late meeting had his forces well in hand and had the effrontery deliberately to declare that it was his intention to "throttle" the Academy by having a motion made to reconsider the vote by which the resolutions were passed, and then moving to indefinitely postpone the motion to reconsider. Sensible men in the academy lent themselves to this ridiculous method designed to take away from a corporate body its power of expressing its future will!

The impression which the evening's proceedings must create in non-prejudiced minds is fitly expressive in the comments of the venerable president of the academy, whose admonitions were treated with contempt: "I will frankly avow that no one present could have been more disgusted and offended by the ways and methods of the leader in last evening's bad work than myself. Painful as it is to end the intimacy and break the friendship of more than twenty years, I can never forgive him for dragging his noble father from the pinnacle where his beautiful character and grand professional work had placed him, down to the mire of medical politics."

THE HOLMES DINNER.—The complimentary dinner given Dr. Oliver Wendell Holmes by the New York profession on the 12th ult., was a memorable affair. About two hundred and fifty guests put their legs under the table at a place they call Delmonico's, and the reports are sufficiently explicit to convince one that the potent, grave and reverend seigniors had what children of the world would classify as an A 1 good time. They forgot for a season their "honorables and LL. D's.," and reverted to "those happy days of long ago, when you were Bill and I was Joe."

There was, moreover, a choice selection of the literary element, and the feast of reason and flow of soul were in keeping. Dr. Fordyce Barker presided, and his very happy remarks introducing the guest of the evening, were supplemented by a very witty original poem by Dr. A. Smith, from which we give the following quotation:

You've heard of the deacon's one-hoss shay
Which, finished in Boston the self-same day
That the City of Lisbon went to pot,
Did a century's service, and then was not.
But the record's at fault which says that it bust
Into simply a heap of amorphous dust;
For after the wreck of that wonderful tub,
Out of the ruins they save a hub;
And the hub has since stood for Boston town,
Hub of the Universe—note that down.
But an orderly hub, as all will own,
Must have something central to turn upon,
And, rubber-cushioned, and true, and bright.
We have the axle here to-night.
Thrice welcome, then, to our festal board
The doctor poet, so doubly stored
With science as well as with native wit;
Poeta nascitur, you know, *non fit*.
Skilled to dissect with knife or pen,
His subjects dead or living men;
With thoughts sublime on every page
To swell the veins with virtuous rage.
Or with a syringe to inject them
With sublimate to disinfect them:
To show with demonstrator's art
The complex chambers of the heart,
Or armed with a diviner skill
To make it pulsate at his will;
With generous verse to celebrate
The loaves and fishes of some giver,
And then proceed to demonstrate
The lobes and fissures of the liver:
To soothe the pulses of the brain
With poetry's enchanting strain.
Or to describe to class uproarious
Pes hippocampi accessorius;
To nerve with fervor or appeal
The sluggish muscles into steel,
Or, pulling their attachment, show
Whence they arise and where they go;
To fire the eye by wit consummate,
Or draw the aqueous humor from it;
In times of peril to give the tone
To public feeling called backbone.
Or to discuss that question solemn
The muscles of the spinal column.
* * * * * * *
And now I close my artless ditty
As per agreement with committee,
And making place for those more able,
I leave the subject on the table.

Dr. Holmes responded in verse. People have for over a quarter of a century expected only good from his pen and they have never been disappointed. Our space forbids the reproduction of the poem, and we find it difficult, in the very profuseness of its beauty, to make a selection from it; the closing lines are, however, peculiarly touching:

Brothers in the art, who live for others' needs
In duty's bondage, mercy's gracious deeds,
Of all who toil beneath the circling sun
Whose evening rest than yours more fairly won?
Though many a cloud your struggling morn obscures,
What sunset brings a brighter sky than yours?

I, who your labors for a while have shared,
New tasks have sought, with new companions fared,

For Nature's servant far too often seen
A loiterer by the waves of Hippocrene;
Yet round the earlier friendship twines the new,
My footsteps wander, but my heart is true
Nor e'er forgets the living or the dead
Who trod with me the paths where science led.

How can I tell you, O my loving friends,
What light, what warmth your joyous welcome lends
To life's late hour? Alas! my song is sung,
Its fading accents falter on my tongue.
Sweet friends, if shrinking in the banquet's blaze,
Your blushing guest must face the breath of praise,
Speak not too well of one who scarce will know
Himself transfigured in its roseate glow:
Say kindly of him what is, chiefly, true,
Remembering always he belongs to you:
Deal with him as a truant, if you will,
But claim him, keep him, call him brother still!

Bishop Clarke, of Rhode Island, responded to the toast "The Clergy;" Mr. Evarts, to "The Bar;" Dr. T. Gaillard Thomas, to "The Medical Profession;" George William Curtis, to "Literature;" and Whitelaw Reid to "The Press."

Dr. Matthews Duncan on Sterility.—In the course of the third Gulstonian Lecture, Dr. Duncan (British Medical Journal) makes some exceedingly timely remarks on the subject of sterility. "It is scarcely an exaggeration to say, in recent practical works on sterility, there is exhibited entire ignorance or entire neglect of the laws of fertility. Every woman from fifteen to forty-five is regarded as likely to breed. If she be sterile, a cure is at once set agoing; and, if a child be not born, the failure is not debited to the nature of the case, but to the want of ingenuity in the doctor. A reputation for curing sterility is spoken of as if it were founded on substantial claims. The prevalent methods of curing sterility are founded on an implied theory that it in most cases arises from impediment in the way of the spermatozoa reaching the ovum. Without sufficient evidence, strictures are assumed to exist, versions and flexion of the womb are held so to distort the interior passage as to prevent progress of the spermatozoa, cervical catarrh is believed to stop them by mechanical obstruction or by chemically poisoning them; and for these real or imagined evils sterile women are made the subject of treatment. It is the theory of mechanical obstruction that, by its simplicity and directness, has possessed the profession and the public; and accordingly many operations and modifications of operations and very many instruments, have been devised to do away with the obstruction. The theory has had real rational support in the fact that dysmenorrhœa of a spasmodic kind does, as already shown, frequently accompany the sterility, and in the supposition that the same obstruction which causes sterility by impeding the entrance of semen, causes also dysmenorrhœa by impeding the exit of menstrual blood, or *vice versâ*. It has had still more satisfactory support in the observation that the cure of the dysmenorrhœa does occasionally bring with it cure of the sterility.

The very zeal with which the mechanical theory of sterility has been fostered, and its treatment in many ways pursued, has led to its present decadence, and there is now increased attention paid to other departments of fertility than conception. Especially and justly, the difficulties of naturally starting and healthily continuing pregnancy are brought prominently into view. The mechanical obstruction theory has begun to shrivel, because of the impression produced by the enormous, though inexactly ascertained, proportion of the failures of the attempts to cure founded on it. Even the ignorant sterile women could see that, if the theory of causation were true, there was an easy and plain theory of cure; and they could also see that the failure of the so-called cure was prejudicial to, if not destructive of, the theory. The importance of the difficulties of pregnancy now brought into prominence will, on account of its great reconditeness, be received with no enthusiasm, such as welcomed the obstruction theory; and the physicians who entertain it can offer no such brilliant prospects of cure to their confiding patients. It is, however, a decided step of progress in a subject of great practical importance.

It is in Germany that this department of sterility has been chiefly studied, and Grünewaldt of St. Petersburg is its best exponent. Recognising the importance of this work, Dr. Duncan takes the liberty of using it to show the great incompleteness of even the most advanced accounts of the subject. For Grünewaldt, sterility is truly never a disease but a symptom of a disease. Nature has, he no limits to female breeding other than the natural changes in the sexual organs that are observed in the senile state. Sterility is one of the most frequently occurring disturbances of function caused by diseases of the female sexual organs. In these views, and in his whole work, it is implied that sterility depends on disease of the sexual organs, including chiefly endometritis, mesometritis, perimetritis, and parametritis. The difficulties of conception, he says, have only a slight importance, compared with the disorders of the more importance, compared with the disorders of the more important vital processes of pregnancy, and these disorders affect chiefly the tissues of the uterus.

The Editor of the Proposed Journal of the American Medical Association.—Perhaps the discussion of the fitness of any particular man for the editorship of the proposed new journal may be somewhat premature. The first question to be determined is whether the journal shall materialize. The fact, however, that the committee having charge of the preliminaries has determined to advise the materialization, coupled with the other fact that it has elected, in so far as it is able, one of its own members to the editorship, makes discussion of the question of the fitness of the gentleman selected quite timely. It is an extremely delicate question to approach, and, doubtless, it has been this sense

of its delicacy which has caused such silence in regard to it on the part of the journals, which are supposed to voice the sentiments of the profession in matters of general interest. The silence has, however, been very suggestive, and we hazard little in saying that had a gentleman of acknowledged fitness for the position been named, the silence would have been much more broken. Dr. N. S. Davis's exalted position before the profession of this country, and the great personal regard in which he is held by the members of the association, have prevented criticism of his fitness for this position and have caused silence when praise could not be honestly bestowed. The meeting of the association, however, is nigh at hand and what needs be said must be said quickly. Gaillard's Medical Journal is the first to speak, and it does so in a five-page editorial, the leugth being apparently largely due to an effort to prevent the cutting effect of its statement of soher truths—an effort with which all will heartily sympathize. Vanity is one of the weaknesses of human nature. We all have it in greater or lesser degree of development, and it hurts us to have it pricked. Dr. Davis is a veteran editor, having been for nearly thirty years in the haruess, and, doubtless, is fully persuaded of his ability to fill the bill for the new journal. If he had not been he would certainly not have allowed his name to be presented for the position. But is he the man for the place? Our contemporary thus admirably defines the qualification of an editor for a journal which shall be as thoroughly representative of the American profession as the proposed journal must from its very nature be:

"He should be sufficiently mature in age to have had opportunity for acquiring literary, editorial and professional experience and judgment. He should be of very superior education. An easy, forcible, lucid and industrious writer. A man constitutionally and historically free from prejudice and partisanship. Kind hut firm of nature, just, temperate, frank, ready to state his opinions, and fully responsible in the defence of them. He should be sufficiently well read in all of the departments of his profession to he an admitted judge of good original and selected matter intended for such a journal. He should unquestionably he one already declared by the profession to be a thoroughly scientific physician, and one known to be a competent and successful editor of a medical journal. With these essential requisites not for the editorship of a medical journal, but for such a medical journal (a journal put forth and forward as the highest exponeut of the knowledge, science and skill of the American medical profession), it will be au easier matter to determine by how much the committee, appointed for the purpose, have succeeded or failed in their selection of an editor for the journal of the American Medical Association."

How does the proposed editor conform to this standard? We will let our eontemporary answer:

"Dr. N. S. Davis is well and favorably known to every physician in this country. He is an old teacher, a far older practitioner, a prolific author, and an old journalist. He is 'the father of the American Medical Association.' He has filled, and filled well, every office in its gift. He is the chairman of its Judicial Council. The custodian of the association for over a generation. Its trusted and faithful mentor, guard and friend. He has attended almost all of its meetings, and is better informed in regard to its record and its laws than any one living. He is a good citizen and a good man.

"A beautiful record this, and one that every person will love to praise and he glad to remember. But does such a record make a journalist, and, above all, a journalist who is to create and found a journal, and not only a journal, but a great journal? Those who do not know what is necessary for such work will say yes, it does. Those who do know, and know well, also, Dr. Davis' life-record, will give, though with regret, a very different answer."

It is no disparagement to a man to say that he has not the qualities necessary in an editor. No man is expected now-a-days to be an Admirable Crichton.

THE ETHICAL CRISIS.—The Medical Record makes the following just comments ou remarks by Dr. Austin Flint (a most ardent champion of the Code of Ethics of the American Medical Associatiou) in the course of his series of articles uow running in the N. Y. Medical Journal:

"There is little doubt," says the Medical Record, "that the activity displayed by those holding diverse views regarding the question of ethics is leadiug many who heretofore have given little thought to the matter to begin a careful examinatiou of the subject for themselves. A series of commentaries hy Dr. Austin Flint on the Code of the Americau Medical Association is in process of publication in the columns of our valued contemporary, the New York Medical Journal. In his remarks concerning the portion of the code that relates to consultations, Dr. Flint claims that the exclusive dogma clause of the code was directed not so much against the homœopaths as against the steam doctors, or Thomsonians, etc. He further claims that the Americau code was not intended 'to interfere with the practice of medicine, under any circumstances, in the cause of humanity.' He says that 'the restrictions of the code are in no wise inconsistent with the demands of humanity in cases of emergency.' This view of the case is certainly a novel one, and one that, so far as we are aware, has never been taken by any of the organized bodies that have heretofore accepted this code. If this is the correct view, it is greatly to he regretted that Dr. Flint had not brought it to the notice of the profession at an earlier date. Curiously euough, he goes on to say that 'a practice based on an exclusive dogma' is not a proper ground on which to refuse to 'meet practitioners in consultation.' 'Any physician has a right either to originate or adopt an exclusive dogma, however irrational or absurd it may be.' Dr. Fliut hopes that the American Medical Association 'will adopt such modifications in the phraseology of this section as will place restrictions on consultations, not on the ground of doctrines or forms of belief, but on separation from and avowed antagonism to the medical profession.' If Dr. Flint would personally urge this matter on the attention of the association at its approaching meeting, we have little doubt that much could be effected in the way of restoring harmony

in the profession. A much better and lasting solution of the question, however, would be arrived at if the association itself would rescind all formal codes, and simply urge the profession to establish such ethical regulations as local circumstances might render most expedient. If the American Medical Association would for the future strictly confine its deliberations to the consideration of purely scientific matters, science would be the gainer and propriety would lose nothing."

THE EXPERIENCE OF A VEGETARIAN.—Dr. T. R. Allison thus records his experience in the British Medical Journal, March 3, 1883:

Last year, about this time, I determined to see how I got on if I abstained from the use of animal food. A year has now elapsed since I have touched fish, flesh or fowl. When I first started I did not feel that satisfaction which one feels after a flesh meal, and the vegetables tasted insipid; in fact, I had to use sauces and pickles to get them down. Time gradually used me to my diet, and now I can eat them just as they are cooked. I have lost all desire for the condiments, such as sauces, pickles, spices, mustard and pepper; salt I use in small quantity. My taste for alcoholic liquors has also gone, and, with it, my liking for tobacco. I was costive as a rule until I took to vegetable diet, and, during my trial, I have been constipated only once. For the period of a month I was traveling, and could not get my brown bread, and so my bowels did not act so well; but a return to my whole meal bread soon cured that. I am fond of mental work, and I find that I can do more work on it than on a mixed diet. I have not had a bilious attack or sick headache since taking to it. Rheumatic pains flitted about my joints, and I was afraid of rheumatic arthritis setting in; but three months sufficed to rid me of these. My urine used to be loaded with lithates, but the sediment went in a fortnight's time, and I have not seen a deposit since. My renal secretion often has a sweetish smell, and sometimes a smell of roast meat. There has been no decrease in my bodily powers, and I can run and take exercise as well as ever. I have gained seven pounds in weight during my experiment. My senses are acuter, especially those of taste and smell. My sexual passion has moderated, and is not so violent as on a mixed diet. I have a good flow of animal spirits, and am very rarely depressed. I do not eat more food on my new diet than I did as a mixed feeder. Breakfast consists of brown bread, apples and a cup of coffee; in summer, I have lettuce instead of apples. Dinner is usually composed of two vegetables, brown bread and a pie or pudding. For tea I have a cup of milk and water, bread and jam. Supper, when taken, is bread and jam, cold pudding, or boiled onions. Eggs, milk, butter and cheese I use only in moderate quantities.

THE BRITISH MEDICAL PROFESSION AND THE TELEPHONE.—We have been much interested and amused at a ponderous editorial article in the Medical Press and Circular on the subject of the telephone. It discusses the manifest advantages which must accrue to the city practitioner from the use of the instrument, how, if a member of the telephone exchange, his patients might save time and the expense of a messenger by leaving their orders for calls; how he might when on his rounds in a distant part of the city, telephone to his office to inquire if there have been any calls to that section, thus obviating the necessity of his returning to his office; how time and even life might be saved by the prompt summons in cases of accident; how, in case of need of instruments or medicine, he might order them without delay, and thus in detail it goes through the manifold advantages with which practitioners in towns of even 5,000 inhabitants and upwards in this country have long been familiar. The most ludicrous thing in the article, however, is the gravity with which it discusses the advantages which would accrue to the hospitals and the members of their medical and surgical staffs in Dublin, where our contemporary is published, from the use of the telephone. At present, however, the Dublin Telephone Exchange is not open at night or upon Sundays or bank holidays, which would seriously interfere with the usefulness of the instrument. But are informed that "the enterprising promoters will take an early opportunity of keeping it open day and night." Such enterprise cannot, of course, be too highly commended, and it is encouraging evidence that our benighted brethren across the water are not yet moribund. We infer further from our contemporary, that the relations of the profession to the telephone are practically the same in London and Edinburgh as in Dublin. This is well-nigh incredible. But things are improving and the article, which to an American reads as if it had been written not less than five years ago, closes with the prediction that "some years hence we will probably wonder how we got on without telephones."

"IS IT A CANCER?"—Professor Goodell in a lecture on cancer of the uterus (Philadelphia Medical and Surgical Reporter: "Now, suppose a woman comes to you, and you diagnose cancer of the uterus, are you going to say, 'Madam, I am very sorry to tell you that you have a cancer?' No; don't you do that. I should not tell even if she asked me to tell her the truth; but in the majority of cases they do not want to know, and will say to you, 'Now, doctor, if you find a cancer don't tell me.' No matter how good a woman is, or how fully prepared for the future she may be, the knowledge that she has a cancer is a terrible blow, and she at once gives up, begins to go down hill rapidly, and soon dies. I never, except in very rare instances, tell the patient that she has a cancer, but I always tell some member of the family, or a friend, exactly what is the matter. Suppose the patient asks straight up and down, 'Is it a cancer?' You do not want to tell a lie, and you do not want to say that it is a cancer. I get out of it in

this way: I say, 'This is not that kind of cancer which you understand. This is not a hard cancer like that which comes in the breasts, and which is hopeless. You have a bad ulceration of the womb. It is not hopeless; there are cases which are cured.' About three years ago I learned a lesson on this point. I was asked by a physician to see a near relative of his. His suspicion was that it was a cancer. I said to him, 'Suppose that this is the case, shall I tell the lady?' He replied, 'Yes; she ought to know; tell her by all means.' After I had examined and found a carcinoma, I said, 'I am very sorry to say that this is malignant,' and then went on and told her in so many words what the trouble was. She never rallied from that. She made up her mind that her days were numbered, and that there was no use in doing anything, and in a short time she died. I say, then, never tell a woman that she has a cancer."

Salicin and Rheumatic Endocarditis.—In a paper by Dr. T. J. Maclagan on "Rheumatic Endocarditis" (British Medical Journal), the author remarks in conclusion.—"Salicin is the preparation to which I give preference, not because I regard it as superior to salicylate of soda as an anti-rheumatic, but because it may be given in large and and frequent doses without causing such disturbance of the system as not unfrequently follows the use of the salicylate, and necessitates its suspension. My experience, too, is that those treated by salicin (which is a bitter tonic) convalesce more rapidly than those treated by the salicylate. There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacterers of it have told me that they are prepared to supply it to hospitals and dispensaries at 10s. 6d. a pound. Convalescence is so much more rapid under its use, that I am not sure that it would not in the long run prove cheaper than salicylate of soda. But whichever is employed, let it be given in large and frequent doses. I make this appeal in the interest of the heart as well as of the joints. Let every case of acute rheumatism be regarded and treated as one in which heart complications may possibly be prevented, and it is probably that in some cases they will be prevented. But every hour is of importance, for it needs no argument to show that the danger to the heart is less in a case in which the course of the disease is arrested within twenty-four hours than it is in one in which three or four days are expended in the process. The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within twenty four hours of the time that treatment commences. The recognition of that fact is the keystone to all possible success in the prevention of cardiac complications."

A New Discovery in Opium.—We learn from an advertisement in an exchange that that enterprising firm of scientific pharmacists, Battle & Co., of St. Louis, Mo., whose methods we have had previous occasion to ventilate, have discovered a new principle in opium. The profession will be delighted to learn that neither in morphine, nor uarcotine, nor codeine, nor papaverine, nor in any of the other principles in which they have been wont to search for the pain-relieving property of opium, does this property reside. The renowned discoverers of iodia and bromidia have added fresh lustre to their name by discovering this property in a new principle, to which they have given the name "Papine." It is evidently not an alkaloid like the rest, as the termination would suggest, but appears in pleasant liquid form. It is, moreover, apparently not dangerously powerful, its dose ranging, in the language of the distinguished chemists, from "one-half to one teaspoonful," this quantity representing "from one-half to one grain of opium in anodyne power." It may strike some as a little singular that an active principle of a drug should be sixty-fold more bulky than the drug itself, and that a liquid principle should be prepared from a perfectly dry powder. These things are, however, but trifles. Genius can ignore consistency and towers aloft above such earth-born trammelings.

We notice that in their advertisements of iodia and bromidia (active principles, we presume, of iodine and bromine) these wonderful creators reproduce the certificates of professors of materia medica, together with those of professors of the other divisions of medicine in prominent medical colleges, attesting the great value of these articles. We expect shortly to see in the advertisements of "Papine" the certificates of our leading organic chemists. Surely jealousy of the fame of the great discoverers will not restrain them from according their meeds of praise. Such jealousy, though extremely natural, would be unworthy and should be whipped into subjection.

Inheritance of Cancer.—That remarkably clever doctor, Mr. Jonathan Hutchinson, made a valuable communication to the British Medical Association at its last meeting. Speaking of the inheritance of cancer, he said the laws of inheritance, as with property, so with disease, concern connection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition and gives us no clue as to how that may have been accomplished. The causes of cancer, as we meet with it in practice, may, perhaps, be usefully classed as three: senility of tissue, local irritation, and inheritance. The first two are, strictly speaking, causes, the latter, although of great importance, is only a mode of perpetuation of that which the former have originated. The facts concerning chimney-sweep cancer gives the best illustration of what is meant. Before that malady was practically suppressed by act of Parliament, it was commonly noted that when the trade of sweeping went, as it often did, in a family, proneness to suffer from soot warts, and for soot warts to degene-

rate into cancer increased in successive generations. That is an example of the liability to a form of cancer, perpetuated and intensified by hereditary transmission. We witness the genesis of cancer, and see the shares taken by local irritation and inheritance, and how entirely secondary the latter is as regards the former. A brief definition of heredity in the case of the transmission of cancer, is a special type of cell organization, permitting with greater ease than in other persons the injurious influence of local causes Mr. Hutchinson does not doubt that the hereditary tendency in some cases may be too strong to wait for the help of exciting causes. In this way can be explained almost all cancers occurring in early life.

THE ELECTRIC LIGHT IN SURGERY.—Mention has often been made of the probable use of the electric light in surgery in the future, but it is quite recently that it has actually been brought to practical use. In Vienna apparatus has been devised for illuminating the sore throat, stomach, bladder, rectum, and various cavities of the body. This apparatus usually consists of a long tube like the ordinary stomach tube or catheter, but having such a terminating point that a small Swan's electric lamp can be carried in a cone-shaped depression covered with glass. The necessary conducting wires are carried in the tube. The whole arrangement does not increase materially the size of the ordinary tubes above referred to. Carbolized glycerine is used to lubricate the instrument, and when it is passed into any of the cavities mentioned and the electric current allowed to pass through the burners, the examination of the tissues is greatly facilitated. Instruments of this kind are in actual use, but it is difficult to conceive how they are going to materially increase our knowledge of the change taking place in disease. Illumination of the stomach cannot be made strong enough to enable us to look through the opaque abdominal parietes and distinguish cancer of the pylorus. Science must discover some means to render the abdominal walls more transparent before the electric light can become an instrument of precision in diagnosis. It has been used to examine the under surfaces of the liver after the abdomen has been opened. The operator has carried the light to every part of the exposed cavity, but we cannot understand how the patient can be benefited by such illumination.

RICORDIANA.—Chicago Medical Journal: The French doctor is fond of flavoring his professional work and reading with literary digressions and witty sayings. A surgeon or physician to be really great in Paris must utter an occasional epigram. There are amusing anecdotes told of every prominent Parisian medical man. There exists a collection of these "morceaux choises." To judge from the collection, Ricord is the greatest man in Paris. The book is full of stories about him. Here are some "Ricordiana":

"Ricord is a savant whose researches have rectified an important point in mythology. He has demonstrated that it was not Vulcan, but Mercury whom Venus should marry."

"Some one asked Ricord if small-pox and the other were of the same family. 'They are sisters,' said he, 'but not of the same bed.'"

"'The condom,' says Ricord, 'is a cuirass against pleasure and a cob web against danger.'"

"At the Convent of St. Jean de Latran there is preserved a famous relic in the shape of a serrated ring used by a mediæval saint for the discipline of the rebellious flesh. Ricord was one day asked by a young lady, an *ingenue de salon*, what was the character of this relic, made doubly famous by the witticisms of Voltaire. Ricord was somewhat embarrassed at first. 'Ah, yes,' replied he, 'it is a crown of thorns.'"

CHLOROFORM BREATH IN GASTRIC DISTURBANCE.—A correspondent of the Medical Press and Circular writes: There is a symptom of gastric disturbance in children which I have never yet seen mentioned in any text-book, French or English, and yet it is almost invariably constant and generally to be met with at the *debut* of the affection, so that it may be considered as a pure premonitory sign, I mean that of the breath, which smells as if the child had freely inhaled chloroform. I have always found that this "chloroform breath" not only commenced with the gastric disturbance, but continued during the whole period of the malady, and that its cessation indicated also a cessation in all the other general symptoms, fever, vomiting, etc., and consequently a return to health. I have remarked this peculiar odor in children of every age, and once in a grown up person, it was then very strongly marked. I do not pretend to be bringing to light anything new, but I have never heard this peculiar symptom alluded to anywhere. In gastric derangement or *embarras gastrique* as the French call it, the breath has always been described as possessing a heavy odor, but that is very different from the chloroform smell which is sometimes so pronounced as to be liable to induce the medical man to believe that the patient had been using the anesthetic.

TREATMENT OF FURUNCLES.—It is well known to-day that the matter of furuncles is inoculable spontaneously, and it is considered that this spontaneous inoculation is encouraged by the softening of the epidermis from the employment of the poultice so often used in this affection. The primitive boil becomes thus the point of departure for secondary ones, which manifest themselves in the neighborhood. To prevent this inconvenience, M. Labbé had the idea of employing successively for the dressing of furuncles a solution of chloral or phenic acid, but he perceived that this dressing, which was undoubtedly antiseptic, did not hinder the softening of the epidermis; it was thus he had

recourse to collodiou, a layer of. which he placed around the furuncle. The result answered to his expectations, for no secondary evil appeared. M. Pasteur discovered the microbe of the furuncle, which he found situated at the summit of the pustule. However, it will be borne in mind that secondary evils do not always depend on auto-inoculation, but often are the result of a diathesis at present not well understood.

Medical Notes from Chicago.—The Chicago Medical Society are making an effort to establish a public medical library. The society meet every second Monday evening and were highly entertained at their last meeting by Dr. W. T. Belfield, who exhibited on canvas thirty micro-photographs of micro-organisms (the same that were used by him in his New York Cartwright lectures) with a running comment ou each.

An extensive addition is being built to the Cook County Hospital, and a training school for nurses on Honore street is rapidly approaching completion.

The practitioner's courses are now in progress at the three regular schools. The Rush Medical leads with a class variously estimated at from 25 to 50. The Chicago Medical, who were the first to organize such a course coincident with the advent of Doctor Jenks to their faculty, and which formerly had the largest classes in the city, now have 10 or 12 in attendance, a falling off since last year of about 75 per cent. The College of Physicians and Surgeons have about the same number in attendance and are proud of their success as beginners. R. R. A.

Cure of the Puerperal Breast.—Dr. Gauut says a more careful study of this subject would yield better fruit than the elaboration of Porros' operation and other subjects of similar magnitude.

Obstruction to the removal of milk is a fruitful source of trouble with the breast. Rubbing should be resorted to, or an older and stronger infant applied. Care aud skill are needed in the employment of massage. Mastitis is a source of considerable mortality from sepsis. It may occur as subcutaneous glandular or sub-glandular mastitis. To prevent suppuration the breasts should be carefully emptied. Careful massage may stimulate the capillary circulation and diffuse the local induration. Hot tincture of opium on absorbent cotton will control the pain. When suppuration occurs two objects should be in view: hasten the healing process aud prevent scarring. The unguentum plumbi iodidi is a good remedy in many of these cases.

Effect of Agents Introduced into the Ear. Brown-Séquard aunounced (Acad. des Sciences—Medical Times) not long ago that the introduction of a few drops of chloroform into a guiuea-pig's ear causes death by meningo-encephalitis. Vulpiau has more recently shown that the introduction of hydrate of chloral into a rabbit's ear causes extensive muco-causes extensive muco-purulent bronchial effusion, lasting for several hours, which may cause death. Small doses, which do not give serious symptoms at the time, are sometimes followed by vertigo, lasting for a month or more. The application of these facts to the local treatment of earache or neuralgia by instillation of chloroform, ether, creasote, etc., is very evident.

Cauterization of the Clitoris in Hysteria.—The late Professor Friedrich shortly before his death had prepared a paper, which has since been published, on this subject. In many cases of obstinate and severe hysterical affections he has found that cauterization of the clitoris by nitrate of silver has had the most beneficial effects. The cauterization must be severe, as slight superficial cauterization tends rather to aggravate the disease. The pain is at first severe, and during it the patient must remain in bed. Among the cases which he gives as cured with extreme rapidity by this method are—ouly of paraplegia, which had lasted for a year and a half; hysterical aphonia, lasting for two years; glossoplegia, lasting for four months; tonic spasm of the spinal accessory, lasting for seven months; and several cases of general severe hysterical convulsions.

Corn and Wart Cure.—Gezon's remedy for corns and warts (Journal of Cutaneous and Venereal Diseases) is prepared as follows:

℞ Acidi salicylici..... gr. xxx
Ext. cannabis Indicæ..... gr. x
Collodion..... ℥ ss.

M.

The amiable gentleman who edits (?) the Louisville Medical Herald has not yet redeemed the pledges he recently made to observe the amenities of reputable journalism. The following is one of his latest: "The British Journal of Homœopathy and the New York Medical Times should be read by every practitioner, in order that he may know what are the relative merits of science aud superstition in medicine." To which the Times responds thus fittingly: "This is very well so far as science is concerned, aud we are duly thankful for our share of the compliment; but some representative of superstition in medicine is obviously needed to complete the list, and we know of no journal better fitted to serve in that capacity than the Herald itself."

A circular reprint of a clinical lecture ou "Otitis Media Purulenta," by Dudley S. Reynolds, M. D., Professor of General Pathology and Diseases of the Eye and Ear in the Hospital College of Medicine, Louisville, Ky., and editor of the Louisville Medical Herald, has been received. Under the guise of a scientific article, it is a clumsy advertisement of a proprietary medicine. We trust the learned gentleman has been liberally paid, as he certainly deserves to be, for lending his name, and that of the in-

stitution to which he belongs, to such a palpable advertising dodge. The enterprising manufacturers can, doubtless, afford to liberally fee this distinguished employé.

Angels and ministers of grace defend us! "Coealac" is now delivered to a long-suffering profession from the prolific womb of the authors and finishers of iodia, bromidia and papine. It is the combined active principles of "coca, milk and the cereal phosphoids." Cereal "phosphoids" is good—almost as good as "papine." All that is now wanted to make the thing take is an advertisement in the form of a clinical lecture by some distinguished professor in some distinguished college. If the manufacturers will address us we can give them the name of a first-class man who will do the job at bottom figures.

A Boston clergyman, in his Fast Day sermon, made use of the following expression in the course of remarks on the arts of the demagogue: "But what cares the declaimer save to get the clap and persuade the ignorant who pin their faith on his sleeve." A contemporary suggests in such connection that rhetorical boldness in the use of figurative expressions should be chastened by a reasonable familiarity with technical or colloquial terms. According to Webster, clap signifies a striking together of the hands to signify approbation, but as a colloquialism it means something reference to which is not strictly proper in the pulpit.

Extract from advertising pamphlet written by Dudley S. Reynolds, M. D., Louisville, Ky.: "Otitis media is a very common form of catarrhal inflammation, extending by continuity of structure through the walls of the eustachian tube from the pharynx to the tympanum, and it very rarely occurs in persons who are not already affected by the constitutional manifestations of malarial poisoning." What a dreadful thing this malaria must be in the latitude of Louisville!

The Indiana Medical Journal relates the following compliment paid Dr. Ferry by an Irishman, who credited the doctor with saving his life: "You see, sur, I had a complication of diseases, an' two other doctors did be working on me for some time, an' I was in a mighty bad way, an' the two doctors they gave me up an' wiut away, an' thin me friends they sint for Dr. Ferry, but he had another engagement an' didn't come."

The report on American Medical necrology, as published in the Transactions of the American Medical Association for 1882, contains biographical sketches of fifty physicians whose ages are given. The average age of these fifty is 61 years. Seventeen had passed the psalmist's three score years and ten; three had passed four score; and one had reached the patriarchal age of 92.

The number of cows in Winnipeg and immediate vicinity is six hundred. The milk consumed in the city is four thousand gallons a day. This makes necessary a diurnal secretion of over six and a half gallons a day for each cow, a yield to which the Winnipeg cow (with the possible assistance, it has been maliciously suggested, of Red River) is, however, quite equal.

A surgeon once jeeringly asked a Quaker if he could tell the difference between "also" and "likewise." "Oh, yes," said the Quaker; "Sir William Fergusson was a great surgeon—his skill as an operator was admitted by almost every one. You are a surgeon 'also,' but not 'likewise.'"

"Hyde on the Skin," "Edis on Women," and "Burnett on the Ear" are announced by Messrs. Henry C. Lea's Son & Co. Here is a bundle of opportunities for punsters and paragraphists. The Medical and Surgical Reporter will surely not allow them to pass unimproved.

Both as a piece of business enterprise and as an evidence of faith, the establishment by the Murdock Liquid Food Co., of a free hospital of seventy beds, in which to test their product, is unique. A food which shall take the place of the mother's milk has been the desideratum of pædiatries, and if the test proposed shall demonstrate that it has been supplied, its discoverer will be a benefactor indeed.

Sugar of milk, two or three drachms dissolved in a half tumbler of warm milk, and taken before breakfast, is said to be a mild and efficient laxative.

MANUAL OF GYNÆCOLOGY. By D. Berry Hart, M. D., F. R. C. P. E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; Late Assistant to the Professor of Midwifery, University of Edinburgh; Late President of the Royal Medical Society, etc. And A. H. Barbour, M. A., B. Sc., M. B., Assistant to the Professor of Midwifery, University of Edinburgh; Late President of the Royal Medical Society. Vols. I and II. With one lithograph and two hundred and ten wood-cuts.
New York: Wm. Wood & Co.

These two volumes are, respectively, the January and February numbers of Wood's Library for 1883. They certainly form an admirable opening for the year, of these remarkably cheap publications. Such is the status of gynæcology to-day, such the character and volume of its literature, and such the familiarity with the subject among the general profession that any new treatise on the subject must, in order to receive endorsement, possess exceptional features. These requisites the work before us has. It cannot be said to be an original work, and neither is it a mere compilation. The authors have aimed to present a faithful mirror of the latest and best in this department of medicine. They have been trammeled by none of the pardonable conceit which makes an author sometimes unduly enthusiastic for particular methods and theories which he has himself originated. Their experience has been ample for the testing of the views of the various gynæcological lights, and the work contains their judgment. This feature makes it unique in gynæcological literature, and must commend it to the general practitioner, whose time and opportunities prevent exhaustive study of the subject.

The work is very profusely illustrated, which is another feature. The illustrations fully subserve their purpose in each case, but they cannot be said to be of a high order of art. The letter-press and binding are remarkably good, even without a reference to the low price of the library set—$15.00 for the twelve volumes. We are pleased to learn, by inference drawn from the increasing excellence of the mechanical execution of each series of the library, that Messrs. Wm. Wood & Co. are finding this enterprise of furnishing the profession with cheap books profitable.

THE FUNCTIONS AND DISORDERS OF THE REPRODUCTIVE ORGANS in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations. By William Acton, M. R. C. S., Late Surgeon to the Islington Dispensary, and Formerly Externe to the Venereal Hospitals, Paris; Fellow of the Royal Medical and Chirurgical Society, etc., etc. Sixth Edition.
Philadelphia: P. Blakiston Son & Co.
Detroit: John MacFarlane.

This is an exceedingly interesting book, and profitable withal. It discusses in plain language, and with little circumlocution, the functional disorders and hygiene of the generative apparatus. While it contains little with which the medical man is not supposed to be familiar, it is written with a vigor of style and a directness of expression eminently calculated to awaken the reader from any indifference or listlessness regarding the important question which it discusses. While, moreover, it is written more particularly for medical men, the prescription of the perusal of it by a large class in the community (such as are uneasy in regard to sexual functions), would be most excellent advice. The continent will find in it reasons for continuing to be virtuous. As intimated in the preface, "the dissolute will be taught on positive and irrefragable grounds, the value of self-control. The bachelor, who is often placed in a trying social position, will glean consolation from observing that not only are his sexual sufferings recognized, but that rules are given him for their mitigation. The married man will find advice and guidance, in order to avoid excesses. The surgeon will learn how to manage those difficult classes, the hypochondriacal and the libertine. Lastly, the advocate who practices in the divorce or criminal courts will here find the basis for many valuable arguments—nay more, he may learn how, in many cases of guilt, fair cause may be shown for a culprit's committal to a lunatic asylum instead of to a prison."

The book should be carefully read by all having in charge boys verging into manhood, as well as by young men who are prone to the evils which it discusses. It the matter of treatment, it is full and explicit.

TENTH ANNUAL REPORT OF THE SECRETARY OF THE MICHIGAN State Board of Health, for the Fiscal Year ending September 30, 1882. Henry B. Baker, M. D., Secretary, Lansing, Mich.

This is an 8vo volume of 592 pages, containing a record of the transactions of the meetings of the State Board of Health and the Sanitary Conventions held in the State during the year, and the papers read before these meetings. In addition there are also a report of the Immigrant Inspection Service in Michigan, Meteorological Reports, and a Summary of the Weekly Reports of Sickness during the calendar year 1881. It is a volume of much intrinsic value, the papers with very few exceptions being of a high order of merit, while the work of the indefatigable secretary comes fully up to the expectations which the profession, as well as the public, have long since learned to form of any task undertaken by him.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Vol. xxxiii.

This, what seems likely to prove the last, volume of the Transactions of the American Medical Association, was received just ten and a half months after the meeting at St. Paul, of which it is a record. This delay must have been somewhat exasperating to the members of the association, and to those not specially informed it seems unaccountable and inexcusable. We have learned, however, from one who is in a position to be informed, that the issue was delayed under the hope that the index of all the transactions from the date of the organization of the association, and which has for upwards of two years been in process of preparation, would be ready in time to be sent out with the present volume. It was found, however, that the index could not be completed before the next meeting of the association at Cleveland, on the first Tuesday of June, and the volume was forthwith sent out. We are glad that even this somewhat invalid excuse can be made, for certainly such delay without some kind of an excuse, would be one of the best possible reasons for the establishment of the weekly journal for the publication of the transactions and papers—an enterprise which we cannot but regard as ill-advised, under existing circumstances.

Any reference to the contents would be superfluous to such readers of the AGE as were readers of its predecessor, the Michigan Medical News, in which a copious digest of the papers was given immediately following the St. Paul meeting

The mechanical portion of the volume is good, the letter press being of the finest quality and the binding more substantial than that of previous volumes. The improvement of the binding, however, destroys the uniformity of the set and this is very objectionable.

Appearances indicate that the volume before us is the last which will be issued by the association, those having in charge the consideration of the feasibility of establishing the weekly journal being quite unanimously in favor of the plan.

SCROFULA AND ITS GLAND DISEASES. An introduction to the General Pathology of Scrofula with an account of the Histology, Diagnosis and Treatment of its Glandular Affections. By Frederick Treves, F. R. C. S., Eng., Assistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital, etc. Price 10 cents.
Philadelphia: Henry C. Lea's Son & Co.

This is a work of 77 pages, 8 vo, and bound in paper cover. The author recognizes the intimacy of the relation between scrofula and tubercle and a goodly portion of the work is devoted to a discussion of it. The scrofulous taint is also fully considered in the light of its modifying influence on various affections, syphilis particularly. The treatment of scrofula structures is full and in harmony with the most approved views. The book is a marvel of cheapness and no better investment could be made than the purchase of a copy for the physician to carry with him for perusal during snatches of leisure.

PROPOSED ORDINANCE AND REGULATIONS FOR REGULATING THE Plumbing, House Drainage Registration and Licensing of Plumbers in the City of Philadelphia. As reported by the committee of 21. Price 10 cents.
Philadelphia: P. Blakiston, Son & Co.

Physicians are frequently consulted in regard to the drainage and plumbing of dwellings, and the time is, we hope, coming when it will be held to be one of the most important duties of the medical profession to give advice in such matters, Few, however, are proper qualified to give definite instructions other than such as their good judgment and common sense may dictate—they having had no special education in such matters. To such as are thus unqualified the pamphlet before us will be invaluable. It contains instructions in the most approved methods, in a nut shell.

COMMUNICABLE DISEASES IN MICHIGAN DURING THE YEAR Ending September 30, 1882, and work of Board of Health restricting same. A report prepared in the office of the Secretary of the State Board of Health.

SECOND BIENNIAL REPORT OF THE BOARD OF TRUSTEES AND Officers of the Minnesota Hospital for Insane, at St. Peter (Dr. C. K. Bartlett, Superintendent), and of the Second Hospital for Insane, at Rochester (Dr. J. E. Bowers, Superintendent).

HOW CAN WE ESCAPE INSANITY? By Chas. W. Page, M. D., Assistant Physician, Retreat for Insane, Hartford, Conn.

PERCENTAGE OF COLLEGE-BRED MEN IN THE MEDICAL PROFESSION. A paper read before the American Academy of Medicine, October 27, 1882, by Chas. McIntire, Jr., M. D., Easton, Pa.

VACCINATION: Jenner vs. Bergh. A paper read before the Sanitary Convention, at Greenville, Mich., April, 1882. By C. M. Martin, M. D. Greenville, Mich.

VALEDICTORY ADDRESS. Delivered April 2, 1883, by J. M. Da Costa, M. D., to the Graduating Class of Jefferson Medical College, Philadelphia.

REPORT OF PROCEEDINGS ILLINOIS STATE BOARD OF HEALTH. Quarterly meeting, Chicago, April 12-14, 1883.

PROCEEDINGS OF THE SANITARY COUNCIL OF THE MISSISSIPPI Valley. Fifth annual meeting, at Jackson, Miss., April 3 and 4, 1883.

ORTHOPŒDIC NEUROSES AND MYELITIS. By V. P. Gibney, M. D., Professor of Orthopœdic Surgery in the New York Polyclinic. Reprint from Journal of Mental and Nervous Diseases.

THE TREATMENT OF ACUTE ECZEMA. By George H. Rohé, M. D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore, Md.

THE PHYSIOLOGY OF ALCOHOLICS. An address by Wm. B. Carpenter, M. D., LL. D., F. R. S., Author of "Principles of Human Physiology," "Mental Physiology," etc.
New York: National Temperance Society and Publication House, 58 Reade St.

Chrysophanic Acid.

BY A. E. CARRIER, M. D., PROFESSOR OF ANATOMY AND DERMATOLOGY, DETROIT MEDICAL COLLEGE

I am acquainted with no other remedy which so uniformly gives good results as a local application in the treatment of those diseases of the skin characterized by the production of scales, as chrysophanic acid, and especially in psoriasis.

When the acid was first introduced by Squire, it was recommended in strengths of one to two drachms to the ounce of ointment. Few physicians of to-day use a stronger ointment than fifteen grains to the ounce, the stronger preparation producing too much irritation of the skin. Under its use in psoriasis the scales are speedily removed, improvement occurring within ten days after its employment. The preparation is a variable one, and in some instances this may be the reason why stronger ointments have been recommended. I have found in some instances the acid almost inert, a two-drachm ointment producing no effect whatever, while with other preparations a ten-grain ointment would have to be discontinued because of the irritation it produced. It will be found, too, that there are some skins peculiarly susceptible to its action, even the mildest ointments causing a severe dermatitis. The acid should always be used in mild preparations, not over ten grains to the ounce upon its first application, and a five-grain ointment would be preferable. It is not a good application upon the face on account of the irritation it produces upon the mucous membrane of the mouth and nose, and also on the conjunctiva. The mild ointment is as well borne by children as adults, leaving out the face and scalp. It is unpleasant to use on account of the staining of the skin that it produces, but this is not nearly so unsightly as the scales, and gradually will wear away, and as it is not necessary to make the application to all the patches of the disease, we can select those that are covered by the clothing. For local applications, and where the disease affects only the scalp or face, I would apply the acid to some portion of the body covered by the clothing, using the ointment on the sound skin, for I am convinced that its action is not simply local.

It will be found that the preparation of acid will have to be varied in the different stages of the disease. I do not mean those cases where the inflammation is of an acute form, but suitable cases for the employment of the acid will do well for a time on a fifteen-grain ointment, and then come to a stand-still until a much stronger preparation is used. And again, this will have to be reduced, or omitted entirely, on account of the irritation it produces, not only to the diseased patches, but also to the sound skin. The strongest ointment that I have used (in which the acid was good) has been ʒ iss to the ℥ i, in the following case:

Mrs. B., living in the northern part of Michigan, consulted me in October, 1881, for psoriasis of the whole body of eighteen months' standing. She had been at one of our popular water cures for thirteen

months; had taken over 400 baths, and taken barrels of the water internally. Her medical attendant had positively forbidden the removal of a scale. I ordered removal of the scales by soaking with flannels dipped in cod liver oil, and afterward to use common soap and a flesh brush, if necessary; to take gtt. v of Fowler's solution, and apply every night Bulkley's liq. picis alkalinis and water, equal parts. Under this treatment she improved very slowly, and on March 1, 1882, I ordered chrysophanic acid, gr. x to ℥ i, cosmoline to apply every night; continue arsenic. Under this she improved more rapidly for a few weeks, when the improvement ceased, and I increased the strength of the ointment by degrees until I reached ʒ iss to the ounce. Under this application improvement was rapid for two weeks, when I had to omit on account of the irritation produced, and finally returned to a gr. x to ℥ i. She returned home in May, 1882, without a spot on her body.

The case is narrated to show that a given strength of the acid will not always answer through the whole course of the disease. The next case illustrates the proposition that the remedy is not simply local in its action:

Mrs. B., strong, healthy, Irish woman; no history of unusual taint; came to St. Mary's Hospital Dispensary for treatment, having psoriasis of both arms, from wrists to shoulders. I had often noticed that patches of psoriasis which had not received any application of the acid disappeared as well as those on which it was applied, but as I had always used arsenic internally, I supposed their removal was due to this remedy; but to determine the point, I gave this case no internal treatment whatever. Ordered a xv-grain ointment applied to the left arm only. In one week this arm showed signs of improvement. The second week it was much better, and the right arm improving. The next week I showed her to the class of the Detroit Medical College. At this time the left arm was almost rid of the disease, and the right was also improving very fast. I did not see the patient after this. Whether she got well and did not think it necessary to return, or whether she did not like my experiments, I cannot tell; but the fact that the disease was rapidly disappearing on the right arm, when the application was made only to the left, is, I think, evidence of something more than a local action of the acid. I do not believe in the treatment of this disease by local applications alone, as far better results are obtained by a combination of constitutional and local medication; but no remedy so quickly and effectually removes the products of disease as chrysophanic acid.

Mind-Reading vs. Muscle-Reading.

[A paper read before the Detroit Academy of Medicine.]

BY DR. JOHN E. CLARK, PROFESSOR OF CHEMISTRY AND PHYSICS, MICHIGAN COLLEGE OF MEDICINE.

The identity of mind-(thought-) reading with that of body-(muscle-) reading furnishes a subject which of late years has been extremely interesting to students of experimental psychology. In the year 1847 one Brown, an Englishman, astonished the western world by exhibiting an apparently mysterious power possessed by him, which he called "mind-reading." This "mind-" or "thought-reading," as it was also called, consisted in interpreting, to an almost incredible degree, subjects occupying the mind of the person with whom he was brought into contact, impressing the general public with the belief that he possessed some occult power beyond the ken of scientists, and only to be explained on the supposition of a supernatural or transcendental origin. In a short time, however, investigations were begun from scientific standpoints, and in June, 1877, the late Dr. Geo. M. Beard published in the Popular Science Monthly an article entitled "Physiology of Mind-Reading," giving an account of a number of experiments in the phenomena of so-called "mind-reading," which was followed later by articles by Prof. G. Croom Robertson, and experiments by many members of the Royal Society of England, including Prof. Ray Lancaster and Francis Galton. The general conclusion arrived at by these investigators was "that 'mind-reading' or 'thought-reading' was really 'muscle-reading' or 'body-reading,' and that the operator was directed to the object occupying the mind of the subject by detecting the muscular or body movements of the subject, viz., muscular tension in the direction of the locality thought of, and relaxation when the locality was reached."

In the April number of the Alienist and Neurologist we find an article from the pen of the late Dr. Geo. M. Beard, in which some interesting experiments in muscle-reading are given. The title of the article, "Some New Experiments in Muscle Reading (Thought-Reading)," at once removes from our minds any doubts as to the author's opinion of the identity of the phenomena of "muscle-" and "mind-reading;" in fact, so positive is the opinion of the writer that he uses the terms "muscle-reading" and "thought-reading" synonymously.

Now, while many of the phenomena of so-called "mind-reading" may be and undoubtedly are accounted for on the basis of muscular tension and relaxation, there still remain many experiments which are not satisfactorily explained by this hypothesis; but we are not aware that any attempt from a physical or physiological standpoint, other than this, has been addduced as tending to their exposition.

Mr. Stewart Cumberland, perhaps the greatest exponent of the art before the public at the present time, in a recent conversation assured me that while he disclaimed any thing of a supernatural agency, he could not endorse the "muscle" theory, and attributed his power "to an extraordinary gift of perception, which enabled him to interpret the thoughts of others," he being ignorant of the peculiar *modus operandi* of the phenomenon.

Scientific investigations tend more and more to a confirmation of the assumption that "mind is body,"

and that thought is but "body motion," or, to speak more scientifically, "molecular motion,"—a motion of the ultimate orgauic particles of which the body is composed. So we may assume thought to be a phenomenon of organic motion, as distinguished from heat, light and electricity phenomena, the result of motion in inorganic as well as organic bodies.

It has long been thought that the so-called electric fluid or current is simply molecular motion occurring in the conducting substance, that as the poles of a magnet are negative and positive, so with molecules, one-half is negative and one-half positive.

It is a well-known fact that positive electricity attracts negative and repels positive, negative attracting positive and repelling negative. Applying this fact to molecules, we infer that in the quiescent state they will arrange themselves with their negative and positive poles approximated. Assuming a terminal molecule in a wire to be suddenly rotated one half upon its axis, it follows that all in contiguity will also rotate, the rapidity with which the motion is conveyed representing the speed of electricity. This theory illustrates the action of the telephone, the vibrating diaphragm imparting with inconceivable rapidity negative or positive electricity to the molecules of the wire, the final rotation causing in the distant instrument identical vibrations producing similar sounds. So with the molecules in the human organization: Thought being this molecular motion, it is fair to assume that a certain motion of the molecules, with reference to their position in the inter-molecular spaces, will give rise to certain phases of thought, the result of this motion.

Now, impressions received through the nervous system cause certain arrangements of molecules which give rise to particular thoughts, the same relative motion invariably producing the same thought. It follows, then, if nervous impressions give rise to thought by causing molecular motion tending to a certain arrangement of the molecules, this motion, if produced by other means than through the instrumentality of the nervous system, should give rise to same result, *ergo*, same thought.

If a molecular motion, caused by a nervous impression, gives rise to a certain thought in one person, it is only necessary to convey this identical motion or vibration to the second person to produce the same thought, a contiguity of molecules being all that is necessary as a medium for conveying the motion. It may be objected that simple rotation of molecules cannot possibly give rise to the infinite varieties of thought when a semi-rotation in the wire only produces one phenomenon, electricity. We answer, in the wire, molecules are composed of but two atoms, while in the brain the organic molecules are extremely complex, their approximate relations being as infinite as the impressions which produce them.

Some of our contemporaries deprecate the agitation caused by the New York code movement. Agitation is never harmful. It is necessary to the maintenance of life. Without it life degenerates into mere vegetation.

Gunshot Wounds of Abdomen—Diagnosis—Recoveries.

BY PROF. HAL C. WYMAN, M. D., MICHIGAN COLLEGE OF MEDICINE, DETROIT.

The following cases are of interest because two of them were suicidal, and tend to show the frequency of recovery from self-inflicted gunshot wounds:

Miss P., æt. 17 years, had some misunderstanding with her parents, which preyed so heavily upon her mind that she determined to end her days by suicide. She took a small, 22-calibre revolver, and pointing it toward the epigastrium, fired one chamber and fell to the floor. Her family were aroused by the report, and on reaching her side found her extremely pale, gasping for breath, and apparently dying. The nearest medical man was called in, but before he arrived she had vomited freely partially digested food, mixed with blood, and revealed the wound in abdomen where ball had entered. But little hemorrhage occurred from wound. There was no further vomiting; signs of shock and mental inquietude disappeared entirely after the exhibition of one-fourth grain of morphia. Cold water dressing was applied to wound. I saw the patient next day and observed further that the integument about the wound was burnt and blackened. Probe would not follow the tract of ball. Ordered continuance of cold water dressing; morphia often enough to control pain, and abstinence from food. No unpleasant symptoms appeared further than occasional eructation of gas. On the third day weak broth and raw oysters were given. Cold water had been drunk to allay thirst, which was distressing for some hours. No elevation of temperature was noticed. The observations were taken every four or six hours. At the end of a week she had so far recovered that surgical surveillance was no longer considered necessary. Four years have now elapsed, and she has enjoyed the best of health. Nothing has been seen of the ball since it left the revolver

Comments.—Did the ball traverse the abdominal wall and enter the stomach, as would be indicated by the vomiting of blood? As mentioned before, probe could not follow track of ball because of swelling, which had come on during time that elapsed before exploration was attempted. Concussion might have been sufficient to cause the hematamesis. A small weapon held so near to the surface of epigastrium, as in the present case, could produce sufficient concussion to cause the shock which this patient suffered; just as blows upon the epigastrium may inhibit the accelerator nerves of the heart and cause temporary arrest of its action. Such a possibility would cover the alarming symptoms in the case of Miss P.

Case 2.—Pole, æt. 36. Accustomed to hardships. Fired a 32-calibre ball from a navy revolver into his stomach, with suicidal intent. Expected to reach his heart by that channel. Revolver was held in right hand. Saw him three hours after receipt of the wound. He had vomited blood. Pulse was

small, skin cold and clammy, indicating collapse. Wound was one inch to left of median line and two inches below end of sternum. There had been free hemorrhage Probe passed obliquely outwards and upwards from point of entrance wouud, but would not traverse abdominal wall. There was labored respiration for several days, which could not be accounted for by auscultation or percussion of thorax; believed to have been due to wound of the diaphragm. Treatment consisted of morphia internally and cold water dressing. After some fever on the fourth day, pus discharged freely from wound. A soft rubber catheter was passed along the track of the ball in a direction upwards and outwards over the ribs, a distance of eight inches. The ball was found and removed by incision from a point in the back near the anferiór angle of the left scapula. Patient recovered perfect health after two weeks.

An interesting feature of this case is, that the ball never entered the abdominal cavity, yet there were all the symptoms of severe shock. The stomach was not penetrated by the missile, yet the patient vomited blood immediately after receiving the wouud.

These two cases presented early in their history all of the signs, except probing, of penetrating wounds of the abdominal cavity, and, according to the Sims' doctrine, should have been explored and carefully drained.

They serve to establish that the mere vomiting of blood after the receipt of a wound in the region of the stomach, is not sufficient to warrant diagnosis of penetrating wound of abdomen.

Laceration of the Female Perinæum—Its Causation and Prophylaxis.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

Laceration of the female perinæum is a difficulty of quite frequent occurrence. To demonstrate this frequency we need only to refer to the clinical evidence as presented in the consulting-room. The instructions for its repair as laid down by many gynecologists, as well as the voluminous writings of authoritative text books upon the subject, are generally cumbersome, complicated, and oftentimes blind. That repair of a lacerated perinæum demands the careful attention of the surgeon need hardly be asserted, for of all the evils to which female flesh is heir, few make her more miserable than this.

Causation.—The perinæal body is largely composed of muscular tissue, and as such it must possess the inherent properties of elasticity and contractility, by which, in turn, we understand that it is possessed of limited motion; hence it follows that in a given case of normal labor, with the uterus driving its contents downward, thereby becoming a downward force, the obstetrician's hand braced against the perinæum and thus becoming an upward force, there must of necessity be an intervening point at which there will be a concentration of forces. This intervening point is the perinæum, and from the nature of things, as above indicated, it is the point where laceration will occur. From what has been said it will be observed that we look upon support of the perinæum during labor, by whatever means, as not only useless, but detrimental to the patient, and diametrically opposite to the scientific principle involved. Certainly, we are conscious of the fact that there are, at times, other factors at work in the causation of the injury in question, as, for instance, precipitate labor, disproportion between the fœtal and maternal parts, abnormal rigidity of the perinæum, contraction of the pubic arch, the unskillful use of instruments, etc., but we look upon these causes as rather rare in comparison with the frequency of the injury.

Prophylaxis.—Having observed that the injury is produced by the concentration of forces upon the perinæum, our first object is to remove these forces. This I accomplish, in part, by simply keeping the hand away from the external surface of the perinæal body, and then, to complete the removal, I take advantage of the principle of elasticity in the perinæal muscle. I utilize this principle, first, as the head engages in the pelvis, by introducing the index and middle fingers into the vaginal canal and depressing and moulding the perinæum; and secondly, in many cases, as the vagina becomes more capacious, I introduce the whole hand and thus with the fist knead the perinæum until it is thoroughly prepared for the passage of the uterine contents. There are no untoward features connected with this process, as it can be carried on during each labor pain without any additional discomfort to the patient. This method is not new or original with me. It is not, however, mentioned in any of the text-books on the subject. It is, as noted in a recent number of the AGE, extensively employed by Dr. Alexander Duke, of Steeven's Hospital, Dublin. I have employed it since entering the profession, and, of course, independently of Dr. Duke's suggestion.

There may be other practitioners who employ this method. If so it is very desirable that they report their experience, as it is by the accumulation of practical work and clinical facts only, that we can hope to place medicine upon a firm basis, and thus also overthrow the many dogmas of theorists.

INSPECTION OF THROAT WITHOUT INSTRUMENTS.—Dr. Francis calls attention in the Medical Record to a difficulty which all have experienced, viz., that of securing a good view of the throat in some patients, through their inability to depress the tongue. The tongue is sometimes so unyielding as to resist very strong effort to depress it. Dr. Francis suggests that such patients be brought in front of a good light, and simply, but with force, say: *Arh! Barrh!! Varrrst!!!* LIFE—enunciating each word some few seconds. He has found this not only to secure an excellent view, but also to so dispose the uvula and surrounding parts as greatly to facilitate the diagnosis and treatment of the diseased parts.

The Medical Age.

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[Reported for THE MEDICAL AGE by Thos. N. Reynolds, M. D., of Detroit.]

MICHIGAN STATE MEDICAL SOCIETY.—The eighteenth annual meeting of the Michigan State Medical Society was held in the Academy of Music at Kalamazoo on May 9th and 10th. It was called to order at 10 A. M. by the president, Dr. Geo. W. Topping, of De Witt. Rev. Geo. F. Hunting, of Kalamazoo, offered prayer, and Hon. E. W. DeYoe, president of the village, welcomed the convention to Kalamazoo in a very graceful and cordial address, to which President Topping responded briefly on behalf of the society.

The roll was next called and the minutes of the previous meeting were, on motion, adopted without reading.

The president invited the vice-presidents, Drs. French, McColl, Bliss and Stevenson to sit on the platform, and Drs. Samuel J. Jones and Arthur R. Reynolds, of Chicago, being present, were also invited to go forward to the same.

Dr. Foster Pratt, chairman of the executive committee, announced that all the medical gentlemen and their ladies were invited by the citizens of Kalamazoo and the local medical society to a reception at the Burdick House on Wednesday evening. They were also invited by Superintendent Palmer to visit the Michigan Insane Asylum, and by the president and secretary of the village to inspect its various departments.

The secretary, Dr. Geo. E. Ranney, read his annual report which was accepted. The number of members was two hundred and sixteen.

Dr. A. R. Smart, the treasurer, reported a balance on hand of $129.26.

Dr. Wm. Brodie, of Detroit, reported a case of "Aneurismal Tumors of the Scalp." There was one tumor the size of a goose egg over the occiput, and several smaller tumors over the scalp. There were no pulsations, but a bruit was heard. Passing a bistoury allowed a free escape of arterial blood, and was afterwards followed by a severe erysipelas. Pressure was not deemed expedient, and ligation of arteries was rejected on account of their free anastomosis. Electrolysis was advised, but the patient would not submit.

AFTERNOON SESSION.

President Topping read the annual address. He complimented Kalamazoo and the State Board of Health. He spoke of the year 1882 as one of great activity in hygienic matters, both in Michigan and elsewhere. He called attention to the rapid increase in the proportion of doctors to the population. There were 85,671 doctors in the United States in 1880, or one for every 588 inhabitants. This was an increase of 37½ per cent. of physicians in the last decade, while the population in that time had only increased 30 per cent. There are now 110 medical colleges in the United States, but only 92 are recognized in Illinois. These colleges graduated 4,299 doctors in 1882. In the last decade medical schools have increased 70 per cent. and medical students have increased 300 per cent. In 1880 the graduates in medicine were three times those in law, and twelve times those in theology. State schools were criticised for the stimulus of their cheap fees to the over-supplying of doctors, and for their free treatment of patients well able to pay for just as good treatment at home.

That part of the president's address relating to state medical schools was referred to a committee to be reported on Thursday.

Dr. C. J. Lundy, of Detroit, read a paper on "Clinical Notes on Errors of Refraction," in which

he noted the fact that various head symptoms may be relieved by properly adjusted glasses.

Dr. L. Connor, in discussing the paper, spoke of astigmatism in a physician which so excited the brain as to produce insanity, which disappeared after wearing proper glasses. In another case, epileptic attacks had grown less frequent and severe after correcting errors of refraction.

Dr. Thomas N. Reynolds, of Detroit, read a paper on "Timely Catharsis." He confined himself to a short consideration of the rational use of cathartics, and said he would say nothing at the time of the abuse of these remedies. (See page 157, present number of MED. AGE.)

Dr. A. R. Smart, in discussing the paper, called attention to the fact that some purging might take place, and yet large fecal masses be retained in the bowel, and referred to a case in which he was obliged to remove manually, per anum, about a peck of fecal matter before effecting a complete catharsis.

Dr. T. A. Kay reported a hopeless case of cerebro-spinal meningitis, with deep coma, in which he gave three drops of croton oil, on the free action of which the head symptoms instantly improved and the child got well.

Dr. Hugh McColl spoke of the frequent utility of cathartics in many affections where the head symptoms were severe.

Dr. A. B. Palmer spoke instructively in a general way of the proper manner of using cathartics, and said that by some, their usefulness was almost ignored; and by many excellent practitioners, too often overlooked.

SECOND MORNING SESSION.

The election of officers resulted as follows:

President, Dr. A. F. Whelan, Hillsdale.

First Vice President, Dr. H. Tupper, Bay City.

Second Vice-President, Dr. I. S. Hamilton, Tecumseh.

Third Vice-President, Dr. H. B. Barnes, Ionia.

Fourth Vice President, Dr. Augustus Kaiser, Detroit.

Secretary, Dr. Geo. E. Ranney, Lansing. (Holds over another year.)

Treasurer, Dr. A. R. Smart, Hudson.

Judicial Council, Drs. Foster Pratt, Kalamazoo; H. B. Shank, Lansing; S. P. Duffield, Dearborn.

Dr. Eugene Smith, of Detroit, read a paper on "Ulceration of the Cornea." He spoke of the general management of these cases, and recommended a protective bandage to prevent the mechanical irritation of the eyelid moving over the ulcer.

Dr. H. B. Baker, of Lansing, read a paper on "Diphtheria"; said it was epidemic, and the death rate appeared as a wave—more fatal in cold months. Did not seem to be much influenced by conditions of filth. Length of waves between points of greatest mortality in city, five or six years; country, fourteen; more fatal in children.

Dr. Brodie thought simple diphtheria non-contagious; malignant, contagious. When complicated with scarlatina it was always contagious; placarding houses did no good, but harm, by alarming the people.

AFTERNOON SESSION.

Dr. A. R. Smart, of Hudson, reported a case of a brass glove-button undiscovered in the ear for thirty years, producing a continuous purulent otorrhœa.

Dr. E. B. Ward, of Laingsburg, read a poem entitled, "Pro Bono Professionis."

The following papers were read by title, and referred for disposal to the Committee on Publication: "Plaster of Paris as a Surgical Dressing," by Dr. H. O. Walker; "Water and its Relations to Health and Disease," by Dr. J. R. Post; "Etiology of Urethral Inflammation," by Dr. Henry J. Reynolds.

The committee to whom was referred that part of the President's address relating to state medical schools, made their report. An exceedingly well tempered discussion followed upon the subject, in which both sides of the question were ably and fully represented, and after which, on motion, the address of the president and the discussion on this part of it, was ordered published in the transactions of the society.

On motion of Dr. Brodie, of Detroit, thanks were tendered to Dr. Foster Pratt and his colleagues of the executive committee; to the president and secretary of the society; to the medical profession of Kalamazoo for the free use of the Academy of Music; to the citizens and medical profession for the banquet; to the village officials for their invitation to visit the water works, etc.; and to the superintendent and trustees of the insane asylum for their invitation to visit it.

Dr. A. F. Whelan, the newly-elected president, was now escorted to the chair, which he accepted from Dr. Topping in a very sensible and appropriate speech, after which the society adjourned to meet at Grand Rapids in May or June next, at the call of the president.

THE SANITARY CONVENTION AT REED CITY, MICHIGAN.—The convention was held April 26 and 27, 1883, and was a very successful one, being fairly attended by the citizens of the place, by health officers of townships, cities, and villages in the surrounding counties, and by sanitarians from other parts of the state. Among those present from other places were: Rev. Geo. D. Gillespie, D. D., LL. D., Bishop of Western Michigan, of Grand Rapids; Hon. John Avery, M. D., of Greenville; Prof. Victor C. Vaughn, M. D., of Ann Arbor; Arthur Hazlewood, M. D., of Grand Rapids, and Henry B. Baker, M. D., of Lansing, Member of the State Board of Health; H. D. Bartholomew, C. E., of Lansing; Drs. C. M. Martin, of Greenville, C. S. Ford, of Cedar Springs, P. P. Shorts, of Ludington, C. V. Beebe, J. Kinsley, and L. S. Ellis, of Manistee, F. G. Groner, and Romig, of Big Rapids, De Groat, of Paris, E. Halsey Wood, of Hersey, and Parish, of Evart. The following health officers were present: Dr. D. E. Robinson, of Manistee, Dr. I.

W. Badger, of Big Rapids, Rev. E. H. Day, of Cadillac, Dr. J. W. McNabb, of Sheridan township, Newaygo Co., Dr. A. J. Thompson, of Burdell township, Oceola Co., Dr. E. Treadgold, of Ellsworth township, Lake Co., Dr. W. H Aylesworth, of Solon township, Kent Co.; also Rev. Mr. Martin, and Mr. Ash, of Ashton, Prof. Foreman, of Ludington, Judge J. B. Judkins, of Hersey, Messrs. Lacy, of Nirvana, Clark, of Tremont, Utley, of Newaygo, and others. After the pleasant introductory remarks by the president of the convention Rev. J. W. Hallenbeck, and a neat and cordial address of welcome by Mr. Willis M. Slosson, president of the village, and a statement of the purposes of the convention by Hon. John Avery, M. D , president of the State Board of Health, the first paper was by H. D. Bartholomew, C. E., city engineer of Lansing, Mich., on "Drainage and Sewerage," in which he stated the principles which should govern the laying-out and construction of drains. the priuciples which should govern the construction of sewers, calling attention to the different requirements in the two cases, drains requiring ready entrance of water throughout the entire system, while sewers should be water-tight at the places except at entrances and exits provided. He spoke of the rules to be observed in calculating the size where it was attempted to make one set of conduits fulfill both these requirements, and pointed out the advantages of the separate system under certain circumstances where applicable. He then made special recommendations for the conditions at Reed City.

Dr. E. S. Richardson, of Reed City, the secretary of the convention, in his paper on the water supply of Reed City, showed diagrams illustrating the subject. The first was a profile of the Flint and Pere Marquette railway from Ludington to Midland, showing that the water-supply of Reed City must come largely from the rainfall on the circumscribed area west of Reed City. Another diagram exhibited a section of the earth down to the level of the bottom of the wells from the depot to the cemetery, the latter being on the highest ground, and the soil being sandy. Extraordinary precautions will need to be taken to prevent the leaching down from the cemetery and privy-vaults in the town, to the water supply beneath. Out of a large number of wells examined in the place, he had found but two contaminated, and samples of the water from them were exhibited, illustrating the evidence of sewage contamination; he also showed a sample of water from a well outside of town, on premises where there are cases of typhoid fever, and one recent fatal case; the water was very foul, as might be anticipated from the position of the well, between the house and the barn, which are on banks of clay, reaching into a stratum of sand which has no continuous protecting layer of clay over it and receives the washings from the barn.

Hon. J. B. Judkins, circuit judge, read an interesting and valuable address on the relation of people to public health laws, showing that their could be no true and healthful liberty of the people, except by a general support of such laws.

Prof. V. C. Vaughan, of the University of Michigan, read a paper, carefully giving the nature of food, its proper office in the body, and a detailed account of the results of examination of very many different kinds of food, showing the nature of the adulteration of each.

Mr. O. P. Dewey, of Reed City, presented the subject of the mischief done to public health by means of patent medicines and quack doctors.

Rev. E. H. Day, health officer of Cadillac, read a paper on the disposal of slop water and waste matter in villages.

F. J. Groner, M. D., of Big Rapids, gave a very interesting and able resumé of the present literature of the subject of germs in disease, including a list of a large number of diseases now known or believed to be caused by their own specific germs. Incidentally he referred to several grounds for hope that in the near future several of these diseases might be favorably modified by means similar to that by which small-pox is modified by vaccination.

Hon. John Avery, M. D., president of the State Board of Health, read a paper and exhibited diagrams showing how ordinary dwellings already constructed may be properly ventilated; also plans whereby ordinary dwellings could be constructed with good veutilation without extra cost.

C. H. White, M. D., of Reed City, gave a concise history of diphtheria, and a short account of what is now known of that disease. In the discussion which followed, Henry B. Baker, M. D , secretary of the State Board of Health, presented a short paper entitled, "Epidemic Waves of Diphtheria," showing that the disease tends to recur in a community at comparatively regular periods, and that this period seems to be shorter in cities than in sparsely settled countries. The evidence seemed to indicate that diphtheria was usually spread from person to person, and from country to country. Dr. Richardson mentioned cases illustrating the great contagiousness of the disease, and the general tendency of the discussion was in the same direction, and at the close of the discussion the document issued by the State Board of Health, on the restriction and prevention of diphtheria, was distributed to the audience.

Dr. L. S. Ellis, of Manistee, read an able paper on "How Diseases are Contracted and Communicated," dwelling at some length on recent experiments by Koch and others, tending to show that consumption is a communicable disease.

C. M. Martin, M. D., of Greenville, in a paper entitled, "How We Get Sick," went over the dangers, climatic, lack of ventilation, from lack of proper clothing, from exposure to contagion, from improper water-supply, from improper food, making a very instructive address.

The convention closed with votes of thanks to the officers, etc., and Dr. Avery responded on behalf of the State Board of Health, for the interest manifested in the convention.

STATE PATRONAGE OF SCIENCE.—Advices from France announce that the minister of instruction has introducecd to the chambers a bill having for its object the increase of the annual pension now enjoyed by Pasteur, from 12,000 francs to 25,000 francs. This pension is, furthermore, to be made reversible on the wife and children of the distinguished chemist, who is thus absolutely relieved of all anxiety regarding matters which are the chief concern of most professional men, and left unembarrassed in the prosecution of his great work. Our foreign contemporaries are unanimous in their congratulations to Pasteur, and although few, if any of them, are prepared to endorse all of his opinions, many of which lack confirmation and some of which are even unquestionably erroneous, all must concede that the amount of positive good which has resulted from his labors, fully merits any favors in the power of the people, as represented in the government, to bestow.

This pension of Pasteur by the French government is extremely suggestive as touching the treatment of scientists in this country. While the case of Pasteur is by no means exceptional in Europe, it is of especial interest to us from the fact that France is a republic, and it has been argued as a reason for non-recognition of individual scientists in this country, that such individualization at the expense of the whole is inconsistent with the genius of republican institutions. All men, we are accustomed to say, are equal in the eyes of the law and of the law-makers, and he who would achieve fame must do so through his own worth, and the public owes him for nothing except what it voluntarily contracts for. This is very beautiful in theory, although we all know that in practice it is a fiction. While most of our states contribute liberally to the support of institutions organized for the purpose of imparting accumulated knowledge, not one has done aught by special direction to further efforts calculated to enlarge the sphere of knowledge; that is, none have placed any particular individual in a position in which he might be able to devote himself exclusively to the search after something positively new and useful. We do not desire, at this time, to discuss the question of the justice or propriety of instruction at the expense of the state, in the higher education or in matters more strictly professional. We cannot refrain, however, from remarking on the inconsistency of vast expenditures for the dissemination of knowledge among a comparatively few, while nothing is done towards the encouragement of such research into the unknown as might reveal something which would redound to the incomparable good of the whole.

It is to this patronage of institutions for diffusing the known to the neglect of encouragement to original research, that the comparative absence of leaders in science in America is due. That this absence is not traceable to any inherent lack of ability or originality among our people, is clearly evident from the wealth of mechanical inventions which we have produced—inventions which the government has so protected by judicious patent laws as to encourage effort in that direction. In the direction of science the immediate results possible in the case of inventions are, however, not to be hoped for except in the rarest instances. It is, moreover, a rule that the love of scientific research imbues the poor in this world's goods rather than the rich. Whether this is a mere coincidence or not, it would, perhaps, be difficult to determine. It is, however, a fact that few young men so fortunate as to be left with a competency, betake themselves to science. Those animated by the spirit find it necessary, in the struggle for existence, to devote the energies of their best years to money-making, alike for the purpose of meeting immediate demands of a growing family and as a provision against the proverbial rainy day. When the day of necessity for money-making has passed the vital powers, as well as the spirit necessary to the successful prosecution of original work, will be found to have reached too low an ebb. In the vast majority of instances, alas, the day of this necessity closes only with the complete extinction of the vital powers and the translation of the spirit to a sphere in which, we trust, the impediments to the unfolding of the unknown will be found to have been largely removed. The result is that science (we refer more particularly to the science of medicine, with which we are most familiar) is chiefly dependent for its advancement, in exact directions, on the labors of such workers as, imbued with the spirit of research, are permitted through government munificence, as in the case of Pasteur, to devote their undivided energies to their life work. Inasmuch as our American governments, state and national, do not bestow their munificence to such ends, we have cause to expect Europe to take the lead in all advances in science, and we are very seldom disappointed.

We have mentioned the fact that our European contemporaries are very unanimous in their congratulations to Pasteur. In not a single instance has the French government or humanity been congratulated on the extension of the scientist's facilities for research. It is humanity rather than the scientist that should be congratulated for thus securing the undivided efforts of the latter in its behalf. The scientist could make twice his 25,000 francs by devoting his talents to money-making, but the results of his labors are of inestimable value to the race. Who could compute in francs the value of Jenner's discovery, or Hunter's, or Louis', or Pasteur's, or possibly Koch's? Humanity owes to the scientist who shall discover a means of relieving a single pain, prolonging, even by a trifle, the average duration of life, or adding but a trifle to the sum of happiness, more than it can ever repay him. When the American government shall devote to the encouragement of the scientist, in the manner indicated, a tithe of the wealth squandered in manners which need not be specified, the country may lay claim to rank among the advanced nations. When American philanthropists shall devote to the same end a tithe of what is now expended in carry-

ing the "glad tidings to Borroboologha," the amount of good which they will accomplish for the race will be inestimably greater than that now effected.

War Among the Pathies.—In his Annual Address the President of the Pennsylvania State Medical Association deprecates the non-existence in that commonwealth of a State Board of Health, but combats the charge which has been made, that the cause of this non-existence is traceable to "war among the pathies." It would, of course, be impossible for an outsider to affirm or deny the truthfulness of the charge as it is specifically made. This much, however, may be safely alleged: "War among the pathies" is quite capable not only of effecting the fact charged, but it has also wrought and is still working, effects not less disastrous to the public and professional good. There is scarcely an evil of which the profession justly complains and whose removal it has vainly tried to effect, whose perpetuation is not favored by "war among the pathies": the deplorable condition of medical education, the lack of legal protection to either the profession or the public, against the ravages of the medical mountebank, the unrestricted license of the medical schools, and the sundry other greater and lesser evils which unite to give some color, at least, to the statement that there is no such thing as a medical profession in this country. Of itself the profession is powerless to right any of these wrongs. The power to do this resides solely in the people, and they will do it only when convinced of its necessity by the profession, to whom they naturally, and very properly, look for their cue in such matters. It is precisely here that the difficulty arises—a failure on the part of practitioners of medicine to agree as to which of their factions constitute the profession. A man may be thoroughly versed in medical lore, having all knowledge of the human body and of drugs, and of the action of the latter on the former; he may, moreover, be a scholar and a gentleman, but should he believe, how honestly so-ever, that a drug cures a disease through its property of exhausting the excitability of a tissue in such a manner as to leave it insusceptible to the cause which manifests itself in the disease phenomena, he must not claim to be a member of this ancient and honorable profession. The justice of this refusing to recognize such a man is, of course, as clear as day to the profession, but the people, in the denseness of their stupidity, fail to see it, and have persistently closed their eyes to it, for lo! these many years. It happens, too perhaps as a psychological vagary, that a very large and, unaccountable as it may be, a very intelligent and consequently influential portion of the public, persist in employing physicians (we hope we shall be pardoned for classifying them as such) who hold to the theory of the action of drugs indicated. These deluded people very naturally side with their medical (?) advisers and actually delight in sharing, as far as they may, their ostracism from the ranks of the profession. When, therefore, it comes to pass that the profession go to the people for laws looking to the correction of the abuses which we have specified, they laugh them to scorn and say "go to." Thus it is that the "war among the pathies" blocks the wheels of reform, and thus it will continue to be. If the time should ever come when the pathies can shake hands over the frightful chasm which divides them, we have strong faith in the power of their combined influence in securing from the people laws which shall redound to the general good.

Antiseptic Midwifery.—This question is lately more prominently than usual to the fore, and its more enthusiastic advocates see in it the possibility of the eradication of puerperal fever from the nosological list. 'Tis a consummation devoutly to be wished. The grand essentials by way of prophylaxis of this dread complication of child bed are the prevention of infection and auto-infection. These secured, puerperal fever would, doubtless, soon be a relic of other days. Antisepsis as a prophylactic measure, while it would be serviceable to both these essentials, would be chiefly so in the case of the former. Infection is carried by the hands or clothes of the accoucheur, by instruments or other intermediate means. A thorough means of antisepsis would of course be serviceable to the prevention of this. Corrosive sublimate, in solution of one part in from 2,000 to 3,000 has latterly been highly extolled in this connection, but the great difficulty of thorough disinfection has been demonstrated by the many lamentable instances of puerperal fever following in the wake of some particular physician, despite his most conscientious efforts at disinfection. Perhaps corrosive subhmate may prove to be the antiseptic for which we have been waiting in such cases.

To prevent auto-infection means the removal of shreds and clots, the prevention of the decomposition of those which the best directed efforts have failed to remove, and the antagonizing in the system of the products of such decomposition, the absorption of which the best directed efforts may have failed to prevent. In the accomplishment of these ends the antiseptic treatment occupies a place of prime importance. We think, however, that the advocates of this treatment have overlooked in their enthusiasm, the feasibility at least, if not the importance, of preventing auto-infection by a complete removal of the source thereof, to-wit, the shreds and clots which are prone to remain in an atonic uterus. A too implicit faith in the possibilities of antisepsis is apt to cause inattention to a very simple but efficient means of prophylaxis, namely, the complete evacuation of the uterus, and the securing of its normal firm, tonic contraction. We firmly believe that a failure to secure the firm and permanent board-like feel of the womb after the removal of the placenta and after a sweep of the cavity with two fingers for the removal of possible shreds, is at the bottom of the great majority of cases of puerperal septicæmia. This hard, board

like feel ensures complete expression of clots and thorough closure of the sinuses, the patency of which in the large, flabby uterus favors the retention of clots and affords a favorable surface for absorption in the event of their decomposition. To secure it the exhibition of a drachm of ergot within ten minutes of the final throe of labor and the intro-duction of the two fingers for the double purpose of titillating and removing clots are the most efficient means.

Antiseptic midwifery proper, consists in the frequent and thorough washing out of the cavity of the uterus and vagina with disiufectants or antiseptics, the applicatiou to all rents or abrasions of the cervix uteri, vagina or vulva, of a strong solution of carbolic acid and the closure of the vulva by a uapkin which has been thoroughly disinfected. The antiseptic injections thus far recommended are chiefly carbolic acid, permanganate of potash, iodine, corrosive sublimate, and sulphurous acid. The impracticability of these means in detail, for prophylaxis in general practice, must be apparent on the slightest reflection. A modification might, however, be introduced with advantage, and thorough disinfection of the accoucheur's hands, occasional washings of the vagina, and the antiseptic napkin, might be resorted to without impressing the patient with a sense of useless meddlesomeness and fussiuess on the part of the atteudant.

Is Chemistry an Exact Science?—It has been the boast of medicine that it is based on exact science, that anatomy, chemistry, materia medica, surgery and physiology, the foundatiou stones of the fabric, are such exact divisions that when therapeutics shall have been made equally exact medicine will, indeed, be a science. Circumstances in connection with the recent analyses of quinine pills are, however, calculated to seriously impair our confidence in this claim to exactness, in so far, at least, as it applies to chemistry. Three chemical analyses have been published and the only thiug which the first two have in common is the fact that they have both been severely criticized by chemists. In no other particular are they alike. The third is by the editor of the Quinologist. It has not been out sufficiently long to have afforded an opportunity for criticism. It, however, differs more widely in its results from the other two than these two differ between themselves. While the two first analysts found too little quinine the last finds too much in the pills (those of Philadelphia makers only) which he analyzed! We sincerely hope, for the peace of mind of unfortunate editors, who must, of course, wade through all the verbiage of these analyses, that the last analysis has been published, at least until all the chemists (exact scientists) meet in convention and agree on a unanimous report. If this latter condition is but imposed all fears of further infliction on the present generation will be removed.

It is a significant fact that each chemist of the above three has given his opinion and published his analysis in the most dogmatic tone possible—with not the faintest suspicion, in tone or manner, of the possibility of an error. This, however, is peculiar to the chemist. Chemistry being an exact science, the faintest admission of possible error would vote the analyst an incompetent.

As a matter of curiosity we tabulate the results as obtaiued by these three chemists of an analysis of the four brands of two-grain pills which they all examined:

NAME.	News Commissioners' Analysis.	C. Lewis Diehl's Analysis.	Quinologist's Analysis.
Bullock & Crenshaw	1.99	1.722	2.055
Wm. Warner & Co.	1.67*	1.546	2.035
John Wyeth & Bro.	2.10	1.512	2.006
Keasbey & Mattison.	1.83*	1.634	2.057

* Average of three lots.

The News' commissiouer and C. Lewis Dichl each publish the method and the detailed steps of their analysis. The Quinologist chemist does not do this, but is certain that his results are absolutely correct, inasmuch as his process was precisely that which he has employed in determining the valne of several hundred thousand dollars' worth of cinchona bark which he has purchased from time to time for the manufacture of quinine. The iutelligent and impartial reader pays his money and takes his choice.

Union Medical Society of Northern Michigan—Regular Annual Meeting.—The annual meeting of the Union Medical Society of Northern Michigan was held at Ionia, April 19, 1883. Present—Drs. Barnes, Gundrum and Romig, of Ionia; Martin, Bower and Sheldon, of Greenville; McLean, of Stanton; Eply, of Palo; Roller and Cope, of Edmore; Forsythe, of Lakeview; Burkart, of Big Rapids, and White, of Reed City. The first regular business of the meeting was the reading of the annual address by the retiring president, Dr. C. M. Martin, of Greenville. Papers were also read by Dr. D. A. McLean, of Stanton, upon "Retarded Labor"; by Dr. C. S. Sheldon, of Greenville, upon "Infantile Convulsions," and by Dr. C. S. Cope, of Edmore, upon "The Use of Carbolic Acid in Surgical Dressings." Written reports of cases in practice were also presented as follows: "Pneumonia, accompanied by great lowering of temperature," by Dr. F. Gundrum, of Ionia; "Chronic Otitis," by Dr. A. H. Forsythe, of Lakeview, and "Intestinal Obstruction," by Dr. L. A. Roller, of Edmore. Dr. Roller also presented a pathological specimen showing site of obstruction. These papers and reports of cases were discussed by the members present in a most interesting and profitable manner.

The committee on programme reported as follows: To prepare papers for the next meeting—Drs. Gundrum, White, Burkart, Romig, Martin and Bower.

To report cases in practice: Drs. Avery, Griswold, Nichols, Eply, Aylesworth and Ford.

The annual election of officers resulted as follows: President, Dr. H. B. Barnes, of Ionia.

Vice-Presidents, Drs. Jno. Avery, of Greenville; F. Gundrum, of Ionia; J. L. Burkart, of Big Rapids; C. H. White, of Reed City.

Treasurer, Dr. D. A. McLean, of Stanton.

Secretary, Dr. Chas. S. Sheldon, of Greenville.

Drs. H. L. Bower, of Greenville, and C. S. Cope, of Edmore, were elected members of the society.

President Barnes appointed as censors for the coming year: Drs. Romig, Roller and Bower.

On motion the secretary was instructed to have printed fifty copies of the constitution, and to send a brief report of the meeting to the MEDICAL AGE.

Dr. Burkart invited the society to hold its next meeting at Big Rapids. The invitation was accepted, and the society adjourned to meet at that place, July 19, 1883.

CHARLES S. SHELDON, M. D.,
Secretary.

THE DUTY OF PATIENT TO PHYSICIAN.—The following is from Prof. Moses Gunn's doctorate address delivered before the graduating class of Rush Medical College:

A code regulating the conduct of the members of a corporation may be very properly enacted by that body; but when its enactments contemplate the regulation of the conduct of other bodies, or of the general public, or of individuals outside of the corporation, it sounds very like a bull directed to that most erratic of all bodies, a comet. It may contain much wisdom and justice, but it is wholly inoperative, and falls little short of the ridiculous. Can it be that, through a process of unconscious cerebration, the framers of the code were emulating Don Quixote in their endeavor to regulate that which is notoriously not to be regulated? Contemplate the American Medical Association enacting that "Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them;" that "a patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease;" that "patients should always, when praticable, send for their physician in the morning, before his usual for going out;" that "patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep;" that "a patient should, after his recovery, entertain a just and enduring sense of the services rendered him by his physician!" This is all very well and very true; but as well might they have enacted that all men ought to be sensible, considerate and just.

The conduct of patients relative to their maladies and medical attendant will be just what the joint peculiarities of physician and patient make it. It is a matter over which codes are utterly impotent. Imagine a doctor reading the riot act to the patient who persists in sending for him at unseemly hours! or to one who, having secured his services, fails properly to appreciate them! or to a shrinking, delicate female, who can't tell all the truth at once! Seriously, this article of the code is an excrescence, unsightly and ridiculous, which requires a surgeon's service, extirpation.

A MODERN CONSULTATION.—The following was sung at the commencement exercises of Rush Medical College:

MUSIC—"Merry Maiden and Tar"—*Pinafore*

DOCTOR. You tell me you've an ill defined sensation.
PATIENT. Oh wise and learned doctor that you are!
DOCTOR. Connected with excessive cerebration.
PATIENT. Oh wonderful diviner that you are!

BOTH. Oh excessive cerebration:
Oh ill-defined sensation:
Oh wonderful diviner that you are!

DOCTOR. You're the victim of a mild hallucination.
PATIENT. You astonish me with such prodigious lore!
DOCTOR. And you have a growing inco-ordination.
PATIENT. Well, really, have I any trifle more?

BOTH. Oh the mild hallucination!
The inco-ordination, the bright irradiation,
Of such scientific lore!

DOCTOR. The cortex of your frontal convolutions
I will now proceed to thoroughly explore;
And at once I reach intelligent conclusions—
How sad! your days of happiness are o'er.

BOTH. Those frontal convolutions, intelligent conclusions.
PATIENT. Oh melancholy tidings!
That my happiness is o'er.

DOCTOR. You are suffering from the gradual invasion
Of a fatal and insinuating spore,
Whose inevitable, cruel termination,
Is that you will surely come to be a bore.

PATIENT. Oh, doctor! you alarm me!
How really can it harm me?
And can you not forearm me
Against this deadly spore?

DOCTOR. You will shortly feel your cranium expanding,
And great will be the size which it attains;
And your knowledge will be ever so commanding
That not a thing unknown to you remains;
In your ear you'll have a flea,
In your bonnet then a bee,
And the "big head" is the title of this malady

DOCTOR 'Tis the work of the bacillus cerebrosus.
PATIENT. Why, doctor! seems to me I've heard of that
DOCTOR. And the way to antisepticize the creature.
Is for you to wear a brick within your hat

BOTH. The bacillus cerebrosus,
Bacillus cerebrosus,
This very night we'll put a brick within our hats!

THE SENSES IN NEW-BORN INFANTS.—The following is a summary of the inaugural dissertation of Genzmer on the above subject. He says that the sense of touch is developed from the earliest period, and reflex actions are readily excited by the slightest stimulation of the nerves of touch, especially of the face, then of the hands, and soles of the feet. The feeling of pain is but slowly developed,

and is only clearly exhibited after four or five weeks, before which time infants do not shed tears. True muscular sense is at least doubtful. Excitement of the sense of touch gives rise to unconscious reflex movements; the amount, therefore, rather than the quality of the sensation, is observable. Closure of the nostrils occasions a reflex dyspnœa. Hunger and thirst are manifested in an increased general irritability followed by reflex movements; these cease after the first week. Smell and taste are not distinguishable to infants. Genzmer asserts, in opposition to Kussmaul, that the sense of hearing is perceptible in the first, or at most the second, day of life. New-born infants are so sensitive to light that they will turn the head to follow a mild light; whilst if a strong glare be suddenly thrown upon the eye squinting is induced, and even convulsive closure of the lids. After a few days, the child will follow the motion of various objects by movements of its head. Between the fourth and fifth weeks the convergence of the pupils, and the power of coördination in vision are perceptible. A distinct perception of color does not exist under four or five months; before then it is quantity rather than quality of light that is recognized. The inhibitory reflex centre is not yet developed in the eye; weak and moderately strong irritation excite movements which subserve that purpose. Excessively strong impressions only excite passive movements. New-born infants cannot separate the impressions on their organs of sense. The readiness of excitability is shown in the fact that the stronger the stimulation, the shorter the physiological interval.

THE NEW YORK CODE.—A astute New York correspondent, not particularly outspoken in favor of the new Code, finds in the criticisms and comments which were passed on it, on its first adoption, the chief reason why the State Society refused to rescind it at its last meeting, and why there have rallied to its support so many prominent members of the profession. These criticisms and comments have been intemperate to the last degree and they very naturally created a sympathy for the new Code and its advocates. The correspondent gives the following examples of them: 'It disturbed 'custom approved and sanctified by wisdom and the experience of ages.'" "A disgraceful act." "In the interest of specialists." "It does not exclude the licensed cancer quack, midwife or chiropodist." "Fifty doctors, reckless of honor and greedy for gold undertook to sell out the profession." "A complete surrender to homœopathy." 'Hurried, through by a small majority." "Inaugurated by specialists." "It sacrifices the self-respect and honor of the members of a once honorable profession in order to pander to the interests of a few specialists." He might have added the following from the Louisville Medical News: "Impelled by hunger or a thoughtless, brainless, lawless ambition, a lot of New York specialists, joined by a limited number of consulting physicians and some general practitioners, etc." The charge against specialists, he says, is made each time with as much triumph as if the authors had achieved an intellectual victory and satisfactorily solved the whole problem of ethics. That this is a side issue all candid men must admit: the real question is that of the right and advisability of allowing individual freedom in professional conduct, just as is allowed to members of all other professions and pursuits.

TYPHO-MALARIAL OR CONTINUED FEVER.—Dr. R. D. Webb concludes a paper in the April number of the American Journal of the Medical Sciences as follows:

Seeing, then, that fevers are so closely allied generically, and that even when separated into species there are striking resemblances; that pathological researches do not establish a constant anatomical lesion, which is pathognomonic of any one of them, and that ulceration of Pey r's glands (claimed as characteristic of typhoid fever) is frequently found in other diseases, we are justified in claiming that a continued fever, occurring under circumstances which point to a miasmatic origin, although it may present many of the vital phenomena of the typhoid fever, and occasionally its recognized anatomical lesion, is still malarial fever.

There remains, to his mind, but one other explanation of these continued fevers, viz., that they are to be regarded as atypical typhoid fevers, originating *de novo*.

But, admitting the origin, *de novo*, of typhoid fever from animal miasm, and that possibly it may have thus originated in the example he has given, even the warmest advocate of this view will be unable to bring those sporadic, isolated cases which occur again and again in malarial, but otherwise salubrious and healthy country localities, within the rôle of such instances as are claimed as establishing this mode of origin.

The natural conclusion, taking all the facts into consideration, is that they are malarial fevers of a typhoid form, using the term typhoid, not in a specific sense, but as indicating a typhoid condition of the system.

A READY METHOD OF OBTAINING LOCAL ANÆSTHESIA.—In an article by Dr. Cheize, in the Journ de Med. et de Chir. Pratique, (St. Louis Medical and Surgical Journal) the author says: Among the difficulties which surgeons in this country frequently encounter, and must promptly overcome, is the paucity of surgical instruments and appliances. The want of a Richardson atomizer I had recently to supply in the following manner.

A young girl presented herself with inverted toe nail and solicited an immediate operation *i. e.* extirpation. I imbibed with ether a piece of cotton wadding of the size of five francs, and placed it upon the big toe, and with a common hand bellows, I blowed on it for a few minutes, until complete evaporation had taken place. I saturated the cot-

ton wadding a second time, and again manipulated the bellows. In less than five minutes, anæsthesia was complete. I extirpated the ingrown nail, and applied to the matrix the actual cautery without the patient experiencing the least pain. I had to exhibit the extirpated nail in order to prove to her that the operation was performed. This is an anæsthetizing apparatus of the greatest simplicity, and within reach of anyone. Is it new? I do not know. It is certainly very simple. Country practitioners may find it of great value.

ATROPIA AND CHLOROFORM IN EAR ACHE.—Atropia has recently been recommended in ear ache, from three to five drops of a solution of one grain to the ounce for children under three years, and of four grains to the ounce for those over ten years, being dropped into the ear. After having been retained for from ten to fifteen minutes, it is allowed to run out by turning the head over. The ear should then be wiped out with a dry rag. The application may be repeated as often as necessary. It is rather in the recurring nocturnal ear aches than in acute suppurative otitis media that it is valuable.

We have found the application of chloroform vapor very promptly beneficial in the former class of cases. The bowl of a common clay pipe is loosely filled with cotton wool, which is then saturated short of dripping with chloroform. The end of the stem is carefully introduced into the ear, and with the mouth of the bowl in the mouth, the vapor is to be blown out. Care must be taken not to allow any of the liquid chloroform to enter the ear, as such introduction is extremely liable to excite otitis media.

AMERICAN MEDICAL ASSOCIATION.—The next annual meeting of the American Medical Association will be held in Cleveland, O., June 5th to 8th inclusive. All railroads west of Pittsburg, Salamanca and Buffalo, east of Chicago and south of Cleveland, will carry delegates and members of their families to Cleveland at one full fare, and return them on certificate signed by me as chairman of the committee of arrangements (certifying that they have been in attendance at the meeting of the Association) at one cent per mile. The trunk lines east of Buffalo, Salamanca and Pittsburg and lines west of Chicago have refused to make any reduction. The rates per diem at the hotels will be: Kennard House, $3 00; Weddell House, $3 00; Forest City House, $2.50 to $3.50; American House, $2 50; Hawley House, $2 00; Striebinger House, $2.00; Clarendon House, $2.00; Prospect House, $2.00.

A PURELY BUSINESS NOTICE.—The physicians of Warren, Minnesota, have attached their signatures to the following manifesto:

"The best of all proofs, experience, has taught us that physicians cannot subsist on air alone, any better than other mortals, and that (other recognized authority to the contrary notwithstanding) wind-pudding as a diet is not even a fractional part so nutritious and invigorating as the high-priced beef, cut with axes and cross-cut saws from the carcasses of the venerable and superannuated oxen of the Red River Valley of the North. In order to correct any erroneous impression which may be prevalent on the subject, we beg to state that we are not practicing the healing art just for fun. We, therefore, give notice that from this time forward our terms will be cash. We may add, that out of the fullness of the heart and the emptiness of the stomach, the mouth speaketh."

It might pay the profession elsewhere to throw the same banner to the breeze.

WHITE PAINT IN ERYSIPELAS.—Dr. T. B. Nichols, Plattsburg, N. Y., writes: The use of white paint in erysipelas has been quite common in my practice for the last twenty-five years In nine cases out of ten the results have been more than satisfactory. I use the common white lead as prepared for use, with the addition of a little spirits of turpentine and keep the affected parts well covered with it until the heat is all out. The paint will soon peel off and leave a clean and healthy surface behind it.

The same treatment also, is among the best that can be applied to scalds, whether from steam or or from hot water. If promptly applied, the relief is almost instantaneous.

CAUTERIZATION OF THE CLITORIS FOR HYSTERIA.—The late Professor Friederich published, according to Virchow's Archiv a paper a short time before his death in which he commended cauterization of the clitoris with nitrate of silver, as a remedy in various hysterical affections. To be effective it must be deep, as a superficial one may aggravate rather than improve the disease. The paper contains a report of a number of cures among which is that of a case of hysterical paraplegia which had lasted a year and a half; one of hysterical aphonia of two years' duration; one of glossophagia of four months' and one of tonic spasm of the spinal accessory of seven months' standing. Several severe cases of hysterical convulsions were also relieved.

THE FACE IN DISEASE.—The trained eye of the skilled physician finds in physiognomy a most valuable aid to diagnosis. Experience begets an indefinable facility in this direction and frequently places the uneducated empiric far in advance of the educated but younger physician. The value of this experience is most apparent in pediatrics. But there are a few signs furnished by the face which even the tyro may interpret: the contracted or firmly-knit brow, points to pain within the head, pain in the chest draws the nostrils acutely upwards and the upper lip raised and stretched over the gums or teeth points to a painful affection of the abdomen

MEDICINE A FINE ART.—Dr. Tucker, of Chicago, says: Heinrieh Rolfhs criticizes sharply August von Eye for having failed to inelude medicine among the fine arts; and he is right, for it is evident to the more advaneed medieal mind, whieh perceives the law of harmony operating in the human organism, and that therapeutics has but a single aim and that to restore harmony when disturbed, that medieine is not only one of the fine arts, but the finest among them, because it has to do with human life.

HOW TO GIVE SANTONIN.—According to Lewin, the various modes of administering santonin usually adopted are objectionable, and chiefly because of the soluble form of the drug in each, the aim of its administration being to seeure its loeal action on the worm. He recommends an oily solution. He has found that when given in this form it is not absorbed by the stomach and that no trace of it can be detected in the urine. Almost any oil may be used as a solvent, cocoanut, olive oil, castor oil, or cod liver oil.

IODO-FERRATED SYRUP OF COFFEE.—The following formula (Druggist) is recommended by Pavesi as especially adapted, because of its agreeable flavor, to cases of scrofula occurring in children: Syrup iodide of iron, and syrup of coffee, equal parts of each. Dose of the mixture is one third that of the syrup of the iodide of iron.

The June number of the North Americaan Review opens with an artiele by Joseph Nimmo, Jr., Chief of the Treasury Bureau of Statistics, on "American Manufacturing Interests." Should this author's advocacy of protective legislation prove distasteful, the reader finds the needed corrective in an artiele by the Hon. Wm. M. Springer, on "Incidental Taxation," which is an argument for Free Trade. D. C. Gillman, President of Johns Hopkins University, writes of the "President Aspects of College Training," as affected by the increase of wealth and luxury, the development of natural science, and the influence of a larger religious liberty. Edward Self presents some weighty considerations on the "Abuse of Citizenship," as exhibited in the machinations of the dynamitists against a friendly power, in disregard of the obligations of American neutrality. Prof. Isaac L. Rice criticises some of "Herbert Spencer's Facts and Inferences" in social and political science, and Christine Nilsson contributes "A Few Words About Public Singing." Finally, there is a symposium on "The Moral Influence of the Drama," the participants being, on the one side, the Rev. Dr. J. M. Buckley, well known as an opponent of the stage, and on the other, John Gilbert, the actor; A. M. Palmer, theatrical manager; and William Winter, dramatic critic. Fifty cents a number; $5 a year. Published at 30 Lafayette Place, New York.

Gaillard's Medical Journal, a warm opponent of the New York code says of the action of the N. Y. Academy of Medicine to which we referred in our last: "the 'packing' of the Academy to secure the vote mentioned was an error, which all must now see clearly and acknowledge. If there is to be a fight, it should be free, fair and fully announced. Then there can be a full gathering of the clans, a well fought issue, and a fairly earned victory." The fact that the adherents of the old Code could be guilty of the unfair and high-handed conduct charged, is one of the strongest possible arguments against the efficacy of a written code. Had the followers of Flint remembered that the degree of M. D. presupposes a gentleman, with all that such a title implies, they would not have thus demeaned themselves.

An address by Dr. C. B. Higgins, of Peru, Indiana, before the Eleventh District Medical Society of that state, contains the following passage: "A Cincinnati medical journal, a few months ago, in an editorial notice of the distinguished English physiologist, Prof. W. B. Carpenter, expressed surprise that he should be a member of the Unitarian Church, as among his (the editor's) acquaintance of professors of that faith, he knew no one who was not a homœopathist." This reminds us that a staunch Presbyterian divine once remarked to us that homœopathy was opposed to the genius of Calvinism In our own experience we never met a spiritualist who was not a homœopathist.

Hereafter it will be Sir Spencer Wells. In recognition of his services in the direction of abdominal surgery, Queen Victoria has created the distinguished ovariotomist a baronet. Sir Spencer, though not the original ovariotomist, and of late years not the most successful, has, nevertheless, performed ovariotomy more frequently and has done more than any other man to enlarge the boundaries of human hope, by raising the difficult operation out of the list of denounced proceedings into the category of safe and successful measures. While the baronetcy can give no additional lustre to this great name, the profession everywhere will, nevertheless, unite in congratulating the recipient on this recognition of merit.

In Europe the tubercle-bacilli war still rages, Berlin and Vienna being, respectively, the headquarters of the opposing forces. In this country the ethical conflict is being waged with unabated fury. The profession of the world await with eager interest the outcome of each clash of arms. How much, soever, war is to be deprecated, it appears, nevertheless, to be one of the necessities. Let us hope that as a result of the present conflicts the bones of contention may themselves be removed.

Dr. Oliver Wendell Holmes, of Boston, says that "bad air, bad whisky and irregular habits keep our doctors alive." How true soever this may be of eastern doctors it is an extremely illogical assumption in so far as it applies to the west. It is true,

many of our doctors indulge in these things and are kept alive, but they live in spite of, rather than in virtue of, these indulgences, to which they, however, eventually succumb, just like other mortals. The Boston doctor is, indeed, a *rara avis*.

Dr. William Farr, F. R. S., the originator of that wonderful system of vital statistics, in which England has educated the world, is dead. To his work more than to any other agency is the rise and progress of sanitary science due. He was forced by ill-health to retire two years before his death from the post of duty, where for forty-three years he was never found missing. He was originally a medical editor. He was born in Shropshire in 1807. He died poor, and measures have been set on foot to ensure his family of four daughters against want.

A factotum in the offices of one of our city commissioners is noted for his Partingtonisms. The other morning a commissioner on entering inquired, "Anything new this morning, John?" "Oh, sad news; Mr. S. is dead." "Is it possible? What did he die of?" "Oh, nothing in particular. The doctor says it was general ability." Turning to a brother commissioner the official remarked, "Ah, G., that's a disease that's taking off a great many of us, but I don't think its liable to become epidemic."

"How long will it take you to cure me, doctor?" "Well, Mr. Blank, I think you may be able to get back to your desk in about a month, but it will be necessary for you to remain under treatment for several years." "But you evidently mistake; I am not Blank, the banker, but Blank, the letter carrier." "Ah, that alters the case. There is nothing the matter with you but a little biliousness. You will be all right in a few days."

The Bengalese are waking up. During the past year there were published by them catechisms of sanitation and hygiene for the use of schools in Bengal. Text-books on arithmetic, algebra and physical geography have also been published, and Baboo Kási Charan Gupta has just got out his first volume of a Bengalese translation of an English work on surgery.

The Medical Record of the 19th inst. contains synoptical reports of proceedings of and papers read before no less than ten state medical societies. In most instances these reports were transmitted by telegraph, after the manner of the metropolitan daily press. Such enterprise merits much praise and should ensure for our contemporary the most cordial professional support. It is truly a metropolitan medical newspaper.

It was Garrick who wrote the following famous epigram on Sir John Hill:

"For physic and farces
His equal there scarce is:
His farces are physic,
His physic a farce is."

It very rarely happens that it is necessary for our brother Gaillard to adjust his spectacles to see a point, but when he interpreted our similitude of the specialists of New York to the tail of a dog, to imply a condemnation of the new code, he evidently had left his glasses at home. We would advise him to keep a pair in the sanctum for emergencies.

It was a promising young man who on being asked by the professor of obstetrics what he would do in a case of post-partum hæmorrhage, replied with great promptness, "I would run like hades (old version) for the nearest doctor."

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery, by Authors of various Nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Vol. III. New York: Wm. Wood & Co.

An English journal in a recent article on books, on referring to this great work, remarked, "it is scarcely necessary to say that it is being issued by an American publishing house." The preëminence of the American publisher in enterprise and good judgment in the selection of his manuscript, is no longer disputed. Of the general scope of the work before us we have had occasion to speak in our notice of the two preceding volumes. Of the volume just issued it is scarcely necessary to say more than that it amply fulfills the expectations raised by its predecessors. It opens with an article by Prof. P. S. Conner, of Cincinnati, on "Injuries and Diseases of Muscles." This is followed by articles on "Injuries and Diseases of the Lymphatics" and "Injuries of Bloodvessels," by Edward Bellamy, surgeon to Charing Cross Hospital, London, and John A. Lidell, late surgeon to Bellevue Hospital, respectively. Dr. John A. Wyeth, professor of surgery in the New York Polyclinic, contributes a chapter on "Surgical Diseases of the Vascular System;" Richard Barwell, surgeon to Charing Cross Hospital, London, one on "Aneurism;" Dr. M. Nicaise, Professor "Agrégé" in the Faculty of Medicine, Paris, one on "Injuries and Diseases of Nerves," and Dr. Edmund Andrews, professor of clinical surgery in the Chicago Medical College, one on "Injuries of Joints." These writers are all familiar to the profession through work previously done, and the nature of their present contributions is quite in keeping with what they had taught us to expect of them. The articles of Drs. Lidell and Andrews are, perhaps, deserving of especial mention. Dr. Lidell's contribution on "Injuries to Blood Vessels" is particularly exhaustive and is destined to be classic in surgical literature, while Dr. Andrews' on "Injuries to Joints" stands unique amid even a profusion of literature of this subject, for thoughtful study and practical suggestions as to treatment.

The French and Italian translations of this great work are being promptly made, that of volume III. being already announced. When completed it will, unquestionably, be the most exhaustive work on surgery extant, while its international character will

exert a powerful influence towards the unification of the profession as it is scattered throughout different lands.

Insanity, Its Causes and Prevention. By Henry Putnam Stearns, M. D., Superintendent of the Retreat for the Insane, Hartford, Conn.; Lecturer on Insanity in the Medical Department of Yale College, etc.
New York: G. P. Putnam's Sons.
Detroit: John MacFarlane.

The inception of this little book, the author tells us, was a paper on "The Insane Diathesis," read before the Connecticut Medical Society over two years ago. The demand for copies of this caused him to add something in detail on the subject of the prevention of insanity, and to publish it in the form of this book. The style of the book adapts it to both lay and professional reading, thus increasing, manifold, the sphere of its usefulness. We are sorry to note the statement, made by way of an apology, that it was "written during odd snatches of time and with many interruptions." If this fact has impaired its value, the book should not have been published, for in these days no man has a right to impose on the public anything but his best effort. If it has not impaired the value of the book, the statement is uncalled for; and in any case its only effect is to prejudice the reader against the book.

The causes discussed as etiological factors in insanity are civilization, the insane diathesis, education, heredity, consanguineous marriages, alcohol, tobacco, sex, poverty, religion, and insufficient sleep. The influence of each of these is concisely and yet clearly discussed, and a heed to the suggestions contained cannot be otherwise than extremely helpful. A sentence selected from the consideration of education will convey a conception of the author's style and habit of thought: "Inasmuch as the large majority of the members of society must obtain the requirements of living by industrial operations, society will appreciate more fully the importance, not only to itself, but especially to the individual, of so educating each person, that he may be self-supporting, and consequently less liable to become a diseased and dependent member of it."

Student's Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital, and to the Hospital for sick children, Great Ormand Street. Second American from the Second Revised and Enlarged English Edition. With a chapter on Examination for Color Perception, by William Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Gorton, Blewett & Co.

The size of the systematic works on diseases of the eye is the objection to their use by the undergraduate and the general practitioner. Unless, as is the case in some schools, all the other divisions of medicine are made to revolve around the eye as their centre and when the egotistic specialist dominates the supine faculty, and browbeats the student into special attention to his subject, holding over him the threat of "plucking" him, the time which may be be devoted to ophthalmology is too limited to permit of the study of exhaustive works designed more particularly for the specialist. The want of the student is a concise and lucid text book, divested of superfluity and condensed to the limits of clearness. This is also the need of general practitioner, whose knowledge of the subject should be sufficient to enable him to treat the commoner affections of the eye, and to promptly detect aberrations, which his lack of experience or skill may warrant him in turning over to the care of the specialist. Nettleship on the Eye fulfils these requirements to an admirable degree. Its chapter on the Relations of the Eye to General Diseases should, moreover, be familiar to such general practitioners as refuse even to touch a case of eye disease. The chapter by Dr. Thomson on the Detection of Color-blindness is a valuable addition.

Alcohol Inebriety: From a Medical Standpoint. With Cases from Clinical Records. By Joseph Parrish, M. D. Price, $1.5.
Philadelphia: P. Blakiston & Co.

This little book opens with the question, "Who are the Inebriates?" which it proceeds to answer, quoting as follows, with the approval of the author, from Macnish: "There are some persons who will never be drunkards, and others who will be so, in spite of all that can be done for them. Some are drunkards by choice, and some by necessity." The bulk of the book is devoted to the consideration of inebriety as a disease, and contains numerous illustrations of the statements made, in cases cited from experience. The author's style is forcible, and the study of the book would be an effective offset to temperance or total abstinence fanaticism. A crying need of the times is a rational consideration of the liquor question. Those who distort facts in this connection, to conform them to theories do vastly more harm than good.

The Diseases of Women. A Manual for Physicians and Students. By Heinrich Fritsch, M. D., Professor of Obstetrics and Gynæcology in the University of Halle. Translated by Isidor Furst. With 159 wood engravings.
New York: William Wood & Co.

This is the March number of Wood's Library of Standard Medical Authors. It is of the uniform octavo size and contains 355 pages. Its characteristic might be said to be its *multum in parvo* nature, being an admirable condensation, and in this regard differing strikingly from the usual German treatise. It has no special features to commend it over other works on the same subject, but being by a German author it adds to the completeness of the library.

Aids to Medicine. Part I (Double Part). The General Diseases, Diseases of the Lungs, Heart, Blood-Vessels and Liver. By C. E. Armand Sample, B. A., M. B., Cantab., etc. Price, 35 cents.
New York: G. P. Putnam's Sons.

This is a number of the "Students' Aid Series," issued by Messrs. Putnam's Sons. It is an admirable condensation, and in so far as condensations are permissible, it is to commended.

An Operation for Closing Douglas' Cul-de-sac. By O. E. Herrick, M. D., Grand Rapids, Mich. Reprint from Obstetric Gazette.

Trichinæ: Their Microscopy, Development, Death, Diagnosis and Treatment. By W. C. W. Glazier, M. D., Asst. Surg. M. H. S. Illustrated with 17 wood-cuts. Price, 25 cents. Published by the "Illustrated Medical Journal Co.," Detroit, Mich.

Hand-Book of Medical Electricity. By A. M. Roseburgh, M. D., Surgeon to the Toronto Eye and Ear Dispensary.

Clinical Notes on Opium Addiction. By J. B. Mattison, Brooklyn, N. Y. A paper read before the Kings County Medical Society. Copies will be furnished on application.

The History of Tuberculosis from the Time of Syphilis to the Present Day, including Koch's experiments. By Eric E. Satter, M. D. One Volume, 12mo., $1.25 This work is in press and will be shortly issued by Robert Clark & Co., of Cincinnati.

[Read before the Michigan State Medical Society, and printed in this journal with the consent of the Society.]

Timely Catharsis.

BY THOMAS N. REYNOLDS, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, AND OF CLINICAL MEDICINE IN DETROIT MEDICAL COLLEGE.

Cathartics are as old as the history of man. They were used in every age, and the most primitive people observed their utility.

Native fruits, barks, and juices of plants are still used by the American Indians, and crude people of other countries. They use them with remarkably good judgment, but do not largely understand their *modus operandi* or their varied applicability. That wider knowledge and finer appreciation of the *modus operandi*, and consequent proper use of these remedies, as of those of every class, remain not only for the higher civilization, but for its more scientific and well-trained physicians.

Generally it is not difficult to know whether to give or withhold some form of cathartic, but sometimes it requires of the most experienced the best consideration. A severe cathartic many times may be fatal; and so may withholding it be, at others. In other cases recovery may be retarded by too frequent purging; and in more, retarded by withholding the appropriate cathartic.

We will refer briefly here to the use, rather than the abuse of these remedies:

1. In habitual constipation, where diet, exercise, regular habit, nervous tranquility and other advisory measures fail, it is necessary to give some laxative cathartic. The strength of the dose will vary with almost every individual; but the mildest should be used, if sufficient to produce one daily action of the bowels. Sometimes a glassful of warm water before breakfast will suffice; but again it may be necessary to begin with a large dose of some active cathartic, and then gradually decrease it to nothing at all. Generally this can be done; but sometimes cathartics cannot be wholly dispensed with for any great length of time. Then some sufficient cathartic should be taken as required; for though habitual constipation does not kill people suddenly, it does often kill people slowly. It is the important office of the lower bowel to remove from the body the unappropriated part of the food, and a large part of the general excrementitious tissue waste. This failing, the kidneys are vicariously overworked, and from this undue irritation, sometimes ultimately succumb to chronic interstitial inflammation. Every other organ and tissue also suffers from the presence in the blood of the re-absorbed excrementitious matter.

With regard to the kind of cathartic, many think some kind in particular is especially superior to every other; but that is not usually the fact. Any one of the scores of cathartics, taken in just sufficient quantity to produce the daily action, will generally accomplish the result as well as any other, provided the patient be impressed with a paramount importance of having it do so at about a certain time. If this importance does become uppermost in the mind of the patient at a certain time of day, he will generally soon be able to live without any stimulus to the bowel but that of the mind, directing the necessary nervous energy for the performance of that function.

With most persons the morning is the best time. One of the excito-motor neurotic remedies is sufficient for some persons at times. Minims ij or iij of tincture of nux vomica in water taken every hour for a few doses on rising, or the same of belladonna, will often suffice; and warm coffee is a very constant and often quite prompt stimulus to intestinal peristalsis. Enemas may very properly be used in some cases; but continued injections are not generally an advisable mode in chronic constipation.

2. Many cases of very extreme dyspepsia that resist all other forms of treatment, and are found to have been preceded and accompanied by constipation, are relieved at once, and ultimately cured by gentle catharsis. Magnesii sulphas is often the best selection. I sometimes prescribe:

℞ Magnesii sulph. ..... ℥ j
Acidi sulphur. dil. ..... ♏ ij
Aquæ, ad. ..... ℥ jv.

Misce et sig.—Teaspoonful in water before eating.

3. In almost every injury or acute disease not connected with the bowel itself, and involving a taking to bed, an immediate evacuation of the bowels is a leading essential, if an existing laxness be not ascertained. It not only relieves the alimentary canal, but wonderfully relieves that high arterial tension seen in most subjects immediately after the injury, or reaction from shock, or after the invasion of any acute inflammation or essential fever. It acts as a revulsant of nervous energy from the circulatory apparatus, and thus lessens the abnormal frequency and violence of cardiac and arterial contractions. It may not always be best to repeat it if high arterial tension remains or returns, and it may sometimes be better to give hourly minim doses of

tincture of aconite or veratrum viride, or large doses of quinine; but many will bear a second cathartic action well, and will be more permanently benefited thereby.

4. In acute lobar pneumonia of the plethoric, a prompt and active cathartic is very important when given early. The benefit is threefold: It acts as an ordinary evacuant, depletes the general circulation, and diverts in a degree, local vaso-motor nervous excitement from the pulmonary vessels. Cathartics are useful in the same stage and same class of cases of acute lobar pneumonia that so many of the older practitioners found benefited by the abstraction of blood.

5. In acute congestion of the liver from dietary causes, whether temporary and mild, or more prolonged and severe, nothing is so radically beneficial as an occasional cathartic. Strict limitation of the dietary to cool acid drinks for the first few days is very largely curative in itself; but if the pulse be full and bounding at the wrist, a sharp purgative will act like a charm. I saw this marked in a young man lately, with hepatic congestion and an extreme supra-orbital neuralgia. Of course quinine is indispensable in conjunction, if from malarial origin.

6. In a case of trifacial neuralgia with severe and frequent spasmodic paroxysms, under my care at St. Mary's Hospital last winter, an active cathartic arrested the attack for forty-eight hours. The colon was full, however, and the patient had been on opium since the onset, three days before. Its return was not so severe, and she recovered slowly. Occasional anodynes sufficed when solid food was withheld. Solid particles excited a paroxysm when in contact with the palate.

7. In acute rheumatism, particularly in robust subjects, an active cathartic in the early stage is wonderfully ameliorating to all the symptoms. In one young gentleman, the frequent subject of acute rheumatism, an active cathartic has in a few instances aborted the attack.

8. In almost all acute head or central cerebro-spinal symptoms, a brisk cathartic is likely to be very beneficial, acting in these mostly as a revulsant of innervation.

In active delirium from cranial injury, I have been much impressed with the benefits of an active cathartic. In January 1874, a George N., aged 14 years, received a fracture of the temporal bone near the base, from the newly sharpened caulk of the shoe of a horse he was leading from the shop. His delirium was violent and it was difficult to sew up his ear which was nearly cut off by the same caulk that produced the fracture. It was impossible to give him a pill or anything but water. Since he drank with avidity, I conceived the idea of placing two drops of croton oil on a small glass of water. This he grasped at and drank, and in an hour and a half had several watery passages from the bowels. His delirium began to leave when the bowels began to move, and had disappeared when they ceased. It never returned, but his intellect was dull for some time after he got up. He forgot the names of things and asked for beets, as "some of those red things," at the table one day. Since this case I have never forgotten the ease of giving a cathartic in the shape of croton oil on water, in active delirium, where patients drink with avidity, but become violent when desired to take anything else.

9. In puerperal mania and puerperal eclampsia, a pronounced cathartic is important, and must rarely be contraindicated at the onset. In a plethoric woman it is indispensable if constipation exist, and I belive that nothing can then take its place in efficiency of service.

On July 19, 1878, I was taken by Dr. Wm. McDonald, then practising in Detroit, but now practising in Boston, to see a case of puerperal mania in a rather robust primipara. It was two and a half days after delivery, and two days of unremitting puerperal insanity of the maniacal form.

She was being forcibly held, screamed almost incessantly and dashed from her everything but an occasional drink. There was no uterine inflammation, the bowels had not moved, and we gave her three drops of croton oil on her next glass of water. A full evacuation followed, with two or three watery passages afterwards; she grew gradually quiet, soon went to sleep, and had not any more symptoms of puerperal insanity.

In violent hysteria the benefit of a cathartic is often as great.

In puerperal eclampsia a prompt and drastic cathartic like three drops of croton oil, repeated if necessary, will often arrest the paroxysms and cure the patient, unless too comatose and weak from frequent repetition. It is almost equally effective whether the eclampsia be from uræmic toxæmia, or from reflex nervous excitement. It acts, in both, by diverting vascular and nervous excitement from the head to the great mucous surface of the alimentary canal. In uræmia, it eliminates urea as well; and unless there be diarrhœa, it is a crime then, to delay it a moment.

In two almost hopeless cases of puerperal eclampsia, of which I had personal knowledge, my brother Dr. Henry J. Reynolds, after resorting to chloroform, etc., gave in each, three drops of croton oil every two hours, till nine drops had been taken before catharsis began. Purging soon followed however, and in both recovery took place. These cases were reported at the Northeastern District Medical Society in 1881, and published on page 145 of No. 4, vol. v, of the Detroit Lancet, and abstracted on page 554 of No. 4 vol. ii, of the Quarterly Epitome of American Medicine and Surgery, supplement to Braithwaite's Retrospect, of the same year.

10. In affections of the kidneys and skin, to speak in a general way, the bowels should be kept carefully, sufficiently active. In many affections of each it cannot of course cure, but in none can it do harm, and in some, especially of the skin, a judicious diet and action of the bowels will effectually manage the malady.

I have had under observation for two years a generously living gentleman aged 74, the subject of chronic eczema rubrum, in whom a single failure of the daily action of the bowels, produces invariably an increase of redness and almost intolerable itching, which nothing locally, excepting hot water, even temporarily relieves, but which is effectually removed by a resort to cathartics.

Is Pneumonia Contagious?

BY W. R. PAGE, M. D., SADNUSKY, OHIO.

To some minds the fact—if it is a fact—that pneumonia is more or less contagious, is not conclusive. Perhaps it is because the busy physician does not stop to consider it one way or the other. I dare say there are many cases of unusual interest that might and should be reported for the good of others, were it not that a busy life, coupled with hesitancy in writing up a case, kept many cases in the background and wholly unknown. I have noticed of late, articles going the rounds of some of the leading journals on the contagion of pneumonia, and I am willing to add my experience with several cases to carry conviction to the minds of those lingering in doubt about it.

I will not argue it *pro* or *con*—that is not necessary—but give a short sketch of a few cases: A few months since I was called to see Mrs. B., æt. 82 years, of good constitution, and for one of her age, usually enjoyed excellent health. I found the old lady laboring under a rapidly developing stage of inflammation of both lungs, with the usual serious accompanying signs, râles, sputa, etc. The old lady met with her final sickness in this attack; a result which her age and the severity of the case must of course have foreboded. A daughter, æt. 35 years, had been her mother's companion and constant nurse, until a few days previous to the death of the aged mother, when she had to give up and resort to treatment. In order to isolate the two cases, I removed the daughter up stairs to more healthful quarters. The young lady finally recovered, after several months' care. There is no doubt in my judgment that one was the result of the other. Further, among the many children who came to remain with the sick ones, was a son-in-law, æt. about 50. He, too, returned to his home after exposure, to be stricken down with the same disease that again bore its contagion. He succumbed in a very short time. Would he have been a victim to the trouble at the time had he remained free from the exposure that he was under while discharging a duty?

I can readily recall three cases of pneumonia among relatives of my family in another state, where (2) two out of the three that died were on a visit at the time of being taken down with pneumonia, and within (3) three weeks' time of the initial attack all three died under the same roof. The three had reached middle life, or past, and possessed the average powers of resistance. Many similar cases might be cited, but it is useless. We need not now attempt an explanation of this poison, but there is cause for a dread of it as lasting as of that of the ordinary typho-fevers which we often meet.

These two cases endured no other exposures, to my knowledge, than that of dutiful nurses, which was enough to convince the most skeptical that there is a degree of truth in the opinion of many physicians that pneumonia is carried by contact, and it remains with me equally as convincing as the contagion of phthisis with its disease germ, if the poison must lie in the sputa. If in the one, why not in the other? As a rule, I may say, we are compelled to look with forebodings on most cases of lung complications among the old and infirm.

Viburnum Prunifolium in Bladder Troubles

BY FRANK W. BROWN, M.D., LECTURER ON HISTOLOGY AND MICROSCOPY, DETROIT MEDICAL COLLEGE.

I should like to call the attention of the profession to what I consider the valuable anti-spasmodic and demulcent action of viburnum prunifolium in bladder troubles. I was led to employ it for that purpose by the fact of its effect on the uterus; as it allays pain and diminishes irritation in that organ, I hoped for an analogous action on the bladder. As an example of my success I cite an extreme case:

About a year ago, an old gentleman, æt. 76, in good health, but in the habit of drinking liquor, although never to excess, called me early one morning and informed me that he had passed no water for the last 20 hours, and was suffering acute pain of a spasmodic character. Examination showed bladder distended, a slight hypertrophy of the prostate, and, on passing a catheter for his relief, a distinct spasm of the sphincter.

Apparent as seemed to me the diagnosis, yet, in spite of all the usual and various treatments, (hot sitz-baths, demulcents, belladonna, opium and camphor suppositories, etc.), it was found necessary to catheterize twice daily for over two weeks, as hardly a drop of water could be passed during that time. From frequent use of the instrument, although carefully employed, increased irritation was caused, the urine becoming bloody, ropy and highly offensive, and the patient getting but little rest unless employing frequent baths or under the influence of opiates. With this unfavorable outlook, and led by the hopes above mentioned, I directed a teaspoonful of the fl. ext. viburnum prunifolium to be given every hour, and was pleased to learn that after four hours relief was obtained. The water began to flow freely, gradually increased in quantity, and, losing its acridity, the trouble rapidly subsided. Six months afterwards there was a slight return of the difficulty but it was soon relieved by a resort to the viburnum.

Since the case above noted I have had occasion to employ it frequently in irritations of the bladder

arising from various causes and have found it really valuable.

In looking over the literature of the drug I find it very sparingly mentioned. The Dispensatory, 1879, says: "Nothing definite appears to be known respecting the mode of action of this plant. Incongenous qualities are assigned to it, such as that it is at once nervine, astringent, diuretic and tonic. Dr. J. M. Blackerby, in the Therapeutic Gazette, Sept., 1882, classes it as anodyne, antispasmodic and tonic; but possessing no narcotic qualities. He also speaks of his employing it with good success, in troubles of the bladder and urethra, and suggests further trial in that direction. I find it to be distinctly antispasmodic, anodyne and diuretic. It must, however, be given in large and repeated doses, a precaution too often neglected, and which, I think, has done much to bring the drug into disrepute. The stomach is not disturbed by frequent doses; on the contrary the appetite is decidedly increased.

43 Lafayette Ave.

A Case of Albuminuria Complicating Pregnancy.

BY J. H. M'LEAN, M. D., CASS CITY, MICH.

The following case from practice, while not unique, may, nevertheless, prove interesting:

March 31st, was called to see Mrs. M., æt. 29, who had been married about eleven months and had entered her ninth month of pregnancy. She complained of a swelling of the lower extremities, the development of which she had first noticed about two weeks previously, but which her innate modesty prevented her from seeking advice for. An examination revealed also an anasarcous condition of the trunk and upper extremities, the face, too, being quite puffy. Inquiry elicited the information that she suffered from headache, dimness of vision and muscæ volitantes. Sleep was very much disturbed, not amounting in all to over two hours during the night. The only symptom referable to the digestive system was severe nausea. Urine was scanty, but I secured a specimen for analysis and found it highly colored and loaded with albumen. Here was a manifest case of albuminuria complicating gestation, and unless something were speedily done for its relief the prospects were exceedingly favorable for a case of convulsions complicating parturition. The following were ordered: Quinie sulph., gr. ij, with tinct. ferri muriatis, gtt. viij; to be taken four times a day, and five grains of bicarbonate of potassium every four hours. In addition ten grains of compound powder of jalap and five of calomel were ordered for every third day.

I saw the patient again at the end of a week. She reported herself as feeling much better, a statement which was, indeed, supported by her improved appearance. An examination of the urine showed it to be of lighter color and containing a much smaller amount of albumen. Treatment was continued until all traces of albumen disappeared, and on April 26th I delivered the anxious young mother of a man child, greatly to the joy of a still more anxious young father; and, greatly to the relief of my serious apprehensions, the pleasure of the occasion was not offset by the slightest untoward symptom.

Hot Water as a Gargle.

BY E. A. P. RIKY, M. D., DETROIT, MICH.

Once or twice during the past winter I was the victim of an attack of acute pharyngitis. I tried various astringent and other remedies to relieve the annoying sensation of "rawness" in the pharynx, incident to the disease, without experiencing much permanent relief. Noticing that a hot drink removed temporarily the unpleasant symptoms, I was led to try hot water as a gargle, and found that persistent gargling with simple hot water paled the red, inflamed mucous membrane more or less permanently, and so far as any unpleasant sensations went, cured the pharyngitis. Since then I have advised the use of hot water gargles in somewhat similar cases, and with success.

The other day a clergyman asked me if I could give him anything to relieve an annoying irritation of the soft palate and pharynx, which came on as soon as he commenced to speak in the pulpit. I advised the above, and he informed me in a few days that the trouble had been almost entirely removed.

I have not had an opportunity to try the remedy in diphtheria, but I cannot but think that in diphtheria, in patients old enough to gargle intelligently, the hot water would be found to be very beneficial. In tonsillitis, careful gargling with hot water could hardly fail to be useful.

The use of hot water as an astringent remedy is not very new, but, perhaps, it has not been hitherto used as a gargle systematically. In my experience the use of ice, cold drinks, and cold gargles, has proved injurious in pharyngeal inflammations. The water should be used as hot as can be well borne, and gargling should be practiced for several minutes at a time, frequently changing the mouthful of water

I will consider it a favor if readers of the AGE will try this method and report

The New York Codists are in the field for war. A society has been formed to prevent the re-enactment of the old code. At a late meeting of its advisory committee a proposition was accepted from Messrs. G. P. Putnam's Sons for the publication of a book to counteract the influence of Dr. Austin Flint, Sr.'s book in support of the National Code. Dr. Roosa and the Committee on Intelligence were directed to prepare the volume. The committee will publish, with corroborative evidence, as campaign documents, copies of letters from homœopathists in which prominent supporters of the National Code are accused of having met them (the homœopathists) in consultation. It is claimed that recruits to the New Code ranks are daily arriving.

The Medical Age.

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AMERICAN MEDICAL ASSOCIATION.—The thirty-fourth annual meeting of this association was called to order at Case Hall, in Cleveland, Ohio at 10:30 on the morning of the 5th inst. by Dr. N. C. Scott, chairman of the committee on arrangements. He introduced the Rev. Richard Gilmour, Bishop of Cleveland, who introduced a very appropriate innovation in this part of the programme, by giving instead of the lengthy prayer which has heretofore been thought necessary, a few introductory remarks and closing by repeating the Lord's prayer. Dr. Scott then formally introduced the President Dr. John L. Atlee, of Pennsylvania, "a man renowned with spotless reputation, and one of the noblest ornaments of the profession." Dr. Atlee, after bowing his acknowledgment of the repeated rounds of applause with which his venerable form was greeted, introduced General Ed. S. Meyer, who delivered the address of welcome. The eloquent soldier after paying a glowing tribute to the medical profession, welcomed its representatives, as they had come up to their annual gathering, to the hospitalities of the city. Dr. Scott then announced the programmes of the day for the different sections, and after mentioning the points of interest in the city, announced still further that no one who could not sign the code of ethics of the association would be admitted as a delegate. The latter announcement was received with great applause.

Dr. Atlee then read the Presidential address. After thanking the association for the honor it had conferred on him he expressed deep regret at the absence of the New York delegation. He hoped, however, that this absence would be but temporary, and that at the next meeting every state of the Union would be represented. Specialties are now the order of the day, and although he was far from favoring them on ordinary occasions, he felt constrained on the present occasion to defer to the fashion. He therefore would present his specialty. It was a rare one—a graduate of 63 years' standing. Such a specialty, he felt, absolved him from any effort at a scientific paper, and made it his duty only to give some reminiscences of his professional life, begun so many years ago. He then gave a recital of the events of his college life, commencing with his first course of lectures in medical department of the University of Pennsylvania, in 1817–18. His reference to his teachers was both pleasing and touching. They embraced names which still live and are incorporated in the history of American medicine. Caspar Wistar, John Syng Dorsey, William E. Horner, Hugh L. Hodge, John Redmond Coxe, Thomas C. James (professor of midwifery of Quaker origin, and of such delicacy as prevented him from lecturing on the female generative organs), Nathaniel Chapman and Philip Syng Physick, the great American surgeon. "A pupil of John Hunter, Physick taught the doctrines of that great man. As I recall his course of lectures, it seems to me that he was one of the most impressive teachers that I have ever listened to." Dr. Physick was remarkable for great attention to details, and in his operations upon the cadaver he carefully observed all the rules for operating upon the human body. He also recapitulated the lecture of the preceding day before going on with his subject, by questioning the students who occupied the first two rows of seats in the amphitheater. I may refer to one incident which may illustrate his method and his carefulness. On one occasion he stumped the whole class, he had been lecturing on lithotomy the preceding day and he put the question to the first student: "What instruments should be provided for the operation?

The answer appeared to have been correctly given, but he was not satisfied. The question was repeated to the next student, and finally to the whole class with the same result. Dr Physick then said it was a pin, gentlemen, a pin, that was needed to complete the list. This showed his precision and impressed upon us the necessity of taking care never to go to an operation without the minutest preparation.

Dr Physick was a man of medium height, with very regular features. His face at that time was pale, as if he suffered from delicate health. He was of very abstemious habits. I remember on one occasion, at a party given at his house, when the servant brought in a tray with wine, I was standing beside Dr Chapman, when I placed my hand upon a decanter, as I supposed, of wine. Dr Chapman touched my elbow and told me not to take that. I filled the glass from another bottle and afterwards asked the doctor why he had checked me. He said the first was simply colored water that Dr Physick had provided for his own use.

One of his favorite precepts was to insist upon great attention to diet after surgical operations. I may mention this anecdote. In one of his lectures he spoke of a very important surgical operation, and said that there was a necessity for attention to absolute diet. The next day in recapitulating, he asked a student what was meant by absolute diet. The student said, "toast or barley water." "Will any gentleman tell me what is meant by absolute diet?" appealing to the whole class. There was no reply. "Water, gentlemen, water. A precept I have never forgotten, and which, I think, is not sufficiently observed at the present day after important surgical operations."

In referring to the practice of these days Dr Atlee said:

"It was the time of calomel and the lancet. With regard to the one, I need not speak, but of the latter I feel well assured that the almost total disuse into which it has fallen has cost many valuable lives. From a very large experience in its use I am satisfied, fully satisfied, that if we depended more on the early use of the lancet in the congestive and inflammatory states of many diseases, our practice would be more successful than it now is. At the present time there is too exclusive reliance upon medicines affecting the nervous and vascular systems, which act with less efficiency and are less prompt. It is, in my opinion, a very important subject, and I feel assured that ere long the lancet will be more freely used than it is now. In the congestive chills preceding inflammatory diseases, and in the cold stages of intermittents, I have frequently broken up the paroxysm, and relieved the patient by the lancet alone."

He advocated strongly the cultivation of professional *esprit de corps*. This had developed to a very remarkable degree since he was a young man and he gave the credit to the American Medical Association. He concluded his address with the following sentiment:

At the close of a long life, one devoted unreservedly to the study and practice of medicine, I will say that notwithstanding its uncertainties, its fatigues, its anxieties, its bitter disappointments, I am completely satisfied that in no other career can a man more fully accomplish his whole duty to God and to his fellowmen, so that when life here is ended, it can be truly said of him as—be it said with all reverence—was said of Him whom we should all imitate, *pertransiit benefaciendo*—he went about doing good. Trusting that our proceedings may be both harmonious and profitable to us all; and thanking you again for the honor you have conferred upon me, I sincerely hope that the recollections we shall carry home with us will be both agreeable and lasting."

At the close of Dr Atlee's address the meeting adjourned till 9.30 on the 6th. The afternoon was devoted to the usual meetings of the different sections. The attendance was large and the interest in the work was keen and well sustained. We shall commence a synopsis of the work of the sections in our next.

THE ANTAGONISMS OF THE SCHOOLS.—It is the taunt of the homœopathists and eclectics, when any member of the profession who is satisfied with being known simply as a physician, reports favorable results from the use of any drug which they claim as distinctively theirs, that he has borrowed some even small it stealing from them, and in so doing has made a concession to their dogmas. In the case of Rogers' Hand-book of Therapeutics, for instance, it has been freely charged that the author, because he has found small and frequent doses of many drugs valuable, is a purloiner. More recently Dr. A. H. Smith, of New York, published an article, a synopsis of which we reproduced in our issue of March 26th, in which he gave decided preference to small and frequent doses of certain drugs in certain affections. The homœopathic press has not yet got through its exultation over this latest "concession to homœopathy" and their joy is only alloyed by the failure on the part of Dr. Smith to acknowledge the source of his information. This is all extremely ridiculous, and but calculated to confirm the conception of sensible men that the honest dogmatists are such chiefly through infirmity rather than fault,—that having been cast in a narrow mould their views are correspondingly narrow. The broad man (inherently broad and still broader by education) recognizes no "pathy" in medicine, and is embarrassed by no dogma. While, however, he has no sympathy with the dogmatist he has breadth enough not to suffer him to close his eyes to whatsoever of good the latter may have discovered in his narrow field. He recognizes in the living man a very complex organism, and the existence in him of a force the nature of which, and the laws determining the manifestation of which, it is not given him yet to fully know. He may have convinced himself that in the majority of instances diseases are cured by medicines whose characteristic effect it is to produce symptoms dis-

similar to the particular disease under treatment, (allopathy) or perhaps he may think that most frequently the course of disease is most favorably influenced by drugs whose physiological action is similar to that of the materies morbi (homœopathy). He, however, will never hold that the operation of drugs to the cure of disease is confined to either of these channels. If it is true that there are some who insist on the universality of either of these modes of action, the fact but goes to convict such persons either of half-knowledge or of dishonesty, practiced from ulterior motives. We believe that the leading members of the "schools" into which these diverse views have divided medical practitioners, will endorse this proposition. The lines dividing these schools, as represented by their most advanced and liberal members, are yearly becoming more and more indistinct and bid fair to become as meaningless as those which separate the hobbyists of any particular "school." It is, indeed, questionable whether there is to-day any greater difference between the advanced "homœopath" and the advanced "allopath," than actually exists in the ranks of their individual "schools." Advanced "homœopaths" have, on the one hand, stricken from their signs and cards, the name of "homœopath," and do not hesitate to prescribe free doses of "allopathic" drugs, and on the other hand the scientific "allopath" does not hesitate, as he never has, to test the truth of claims made for any drug given in any shape and in any size of dose. It is the illiberal and narrow-minded on either side who taunt those on the other for adopting what experience may have demonstrated to be of value in the other.

The complete obliteration of the meaningless lines which separate all honest searchers after the truth, will great redound to the interests of the profession as a whole. This obliteration will be effected as soon as prejudice is subordinated to true zeal for the advancement of medical science. It will not be effected before and the most effective means to this end is education. Ignorance is the mother of devotion to dogma, and the bitterness of feeling between the "schools" diminishes in direct ratio to the degree of advancement on each side.

In contemplating the antagonisms of the schools we have least patience with the eclectics. We believe that the most uncharitable feelings towards "allopaths" are entertained by them, and these feelings are the more uncharitable because they are the least excusable. In the case of homœopathy there is a difference having a semblance at least, of foundation in a fundamental principle, but the most diligent inquiry has failed to elicit any such difference as between the regular practitioner and the eclectic. In spite of this, however, eclectic journals are instant, in season and out of season, in denouncing "allopathy." The eclectic has no dogma that we have ever succeeded in discovering, but is as broad in his practice as the most regular of the "regulars," and yet he very heartily dislikes the latter. It is true there are eclectics who believe in "specific medication," and there are others who profess to confine themselves exclusively to vegetable drugs, but the great body of the "school" repudiate the former and prescribe iron, mercury, etc., quite as freely as the regulars. The objections which regular practitioners have to eclectics are certainly not based on their practice They reside chiefly, if not exclusively, in the fact that they (the eclectics) have declared themselves an exclusive sect, and are intensified by the additional fact that the sect is absolutely void of foundation in anything which is sufficient to constitute a difference between them and the "regulars."

A Personal Reference.—The office of critic is notoriously a thankless one. When he gives no offence he receives no praise, but when he tells the disagreeable truth he is apt to be spitefully reviled. Occasionally he may impinge on one of those honest natures whose love of truth and desire to improve, subordinate self, but such oases in his desert are rare, and all too frequently the class whom he is constrained to criticise are satisfied with nothing less than fulsome praise, failing to secure which they conceive for the critic a malevolent dislike, which is wont to reveal itself on the slightest excuse. Recognizing this fact many editors maintain a discreet silence when they cannot praise. While such a course may be eminently proper as between individuals and matters purely personal, it is not conducive to the general good when followed in regard to matters of public interest. In medical journalism adverse reference to personal matters cannot be too strongly reprobated, but honest and impersonal criticism of the professional acts of physicians appearing in professional or other public capacity, is a duty which no editor may shirk. The editor who through desire for popularity, dislike of controversy or fear of personal abuse, fails to hold up professional wrongs to censure, falls far short of his obligation.

A couple of years or so ago we, in common with a number of our contemporaries, made one Reynolds, of Louisville, who had constituted himself editor of a paper called the Medical Herald, which he had just started, the subject of a little badinage on a very ridiculous editorial which he published on the eve of what is a very important event in a man's life, but one in which none but a very egotistic individual could imagine the public to be interested. In this editorial he conceded the possession of a disagreeable infirmity of temper, but promised that following the important event his pen would never again be dipped in gall. The fraternity soon discovered, however, that the promise was extremely friable, and that the benedict was one of those unfortunately irascible persons who, unable to take a joke, lack the faculty of concealing their chagrin He marked those who joked him as the objects of his future venom, and as a consequence we have come in for our share. Recognizing his infirmity we have done him the courtesy not completely to ignore his spiteful, coarse and ill-natured remarks,

but each reference to him has but served to lash him into fresh fury and to increase his stock of the gall in which he, under such hallowed associations, sacredly promised never more to dip his pen.

Recently this Reynolds made use of a college connection to deliberately advertise, in the form of a clinical lecture, a proprietary compound. The manufacturers had reprints of the same struck off which they distributed and copies of which they advertised to send gratis to all who might apply for them. Deeming such use of an educational institution a misuse, we, in the discharge of our duty as a journalist, took occasion to say so. On the spleeny Reynolds our criticism had an extremely perturbing influence, and he forthwith redipped his dishonored pen to its fullest length in gall, and from its obtuse point, let ooze on our devoted head a profusion of his choicest epithets. We bear the unfortunate man no ill-will—regarding him with pity rather than spite—and will, therefore, do him the justice to say that as a dipper-of-his-pen-into-gall, he probably has few equals, and certainly no superior. He, moreover, evinces such a wonderful familiarity with the vocabulary of Billingsgate as to forbid the belief that it has been simply acquired; he is unquestionably to the manor born.

We regret exceedingly the necessity under which we are placed of refusing future recognition to Mr. Reynolds. The language he employs would necessitate a resort to it on our part did we seek to continue the acquaintance, and self-respect, as well as respect for our readers, prevents the bandying of epithets with persons of his class. We take the liberty of quoting the following from his most recent reference to us, not so much as a sample of his style (for it is by no means his choicest morceau), as for its announcement of a forthcoming history of peculiar interest to our local profession. After paying his compliments to "Mullen O'Heron, an ass in a lion's skin, advertising agent, card-writer and editor of the degenerate MEDICAL AGE," he proceeds to say, "what bitterness rankles in his (Mullen O'Heron's) venomous bosom may never be known. The source of that gall with which he traces the evidence of his disappointed ambition may appear when Donald McLean writes the history of medicine in Michigan." We presume that it is Professor Maclean, of the University of Michigan, who is here so familiarly referred to. We are gratified to learn from one with whom this well-known gentleman has evidently been in correspondence, that he contemplates this literary work, and are flattered to hear that it is his purpose to devote a share of it to us. The announcement thus made will, doubtless, have the effect of setting the local profession on the *qui vive*, for no one will question Dr. Maclean's ability to write an exceedingly interesting volume on this subject.

ANIMAL OR VEGETABLE DIET?—A very considerable number of competent men have from time to time declared that vegetables are man's most appropriate diet, and that many, if not indeed the majority, of the ills from which human flesh suffers, are traceable to nitrogenous food. While we think this is an extreme view, it requires no great amount of observation to convince one that the evils of the latter are manifold. The effect of food on the quality and quantity of tissue is no longer a question of debate among physiologists, and as man's mental and psychical natures are very largely influenced by, if not wholly dependent on, his physical condition, the importance of food as a moral factor is greater than is wont to be conceded. The anatomical structure and physiological properties of the human body argue very strongly for an omnivorous, rather than a herbivorous or carnivorous diet, as nature's plan for man, and, doubtless, were he to live strictly in the line of nature's laws in all regards, a mixed diet would be the most conducive to his well being and longevity. It must be remembered, however, in considering this subject, that man's habits in civilized and enlightened communities are not natural. The grand object of sanitary science is to induce a return to natural modes of life or antagonize the effects of the unnatural modes which obtain it. It is, therefore, illogical to argue the nature of food from anatomical or physiological facts without considering at the same time the altered condition of man's environments. These environments may, in time, work a change in his anatomy and physiology, and, indeed, it would not be unreasonable to regard the more delicate nervous constitution, the heightened nervous susceptibility, the defective development and early decay of the teeth, in the modern man, as evidences of a commencing change which shall ultimately result in his more perfect adaptation to his altered conditions. But to follow this line of thought would lead us beyond our present limits. We offer it merely as a suggestion.

A mixed or a highly nitrogenous diet presupposes active exercise. The carnivorous animals are of very active habits; the herbivorous are slow and unwieldy in their movements. Man occupies, by nature, a middle ground as regards activity of movement; his food is, therefore, appropriately a mixture of flesh and herbs. As his habits become more or less active, his food should change. The well-being of the hunter, the mountaineer, the voyageur, etc., on their diet of flesh has been argued in favor of such diet for the race; these are healthy rather because of the proper relation between their diet and their physical habits. To place these same men on an office stool for ten hours a day and at the same time continue their animal food, would be to doom them to a speedy death. The physiologist has demonstrated the necessity of active exercise to rid the system of the waste of nitrogenous matter. As man approaches the comparativley idle habits of the graminivorous animals, his food should conform to theirs. For this reason the food of the modern man, under the conditions of civilized and enlightened society, should be chiefly vegetable. The failure to adapt his food to his environments intensifies the necessity for systematic exercise, the neglect of

which manifests itself so painfully on every hand. The skilled trainer for supreme physical efforts, understands from experience, although absolutely ignorant of the physiological bearings, the relation which should obtain between the nature of food and the amount of training to fit his man.

The fallacy of arguing for a purely animal, a mixed or a vegetable diet without taking into account the habits of the individual, must, we think, be apparent from the above condsideration.

Dr. Norman Kerr, whose enthusiasm in the cause of temperance is well known, has initiated a crusade against gluttony. According to the Medical Press and Circular, he recently invited a party consisting of 100 employés of the Marylebone Vestry to a vegetarian supper. Among those present was Dr. Richardson, F. R. S., an enthusiastic vegetarian. The repast consisted of three courses, accompanied by a plentiful supply of brown bread and a cup of excellent cocoa for each guest. A "hotch-potch" soup was first served. The ingredients in this were potatoes, turnips, carrots, leeks, celery, green peas, parsley and butter. It was palatable, and it is claimed for it that it is nutritious. The next dish was a savoury pie, made up of haricot beans, flour, onions and butter; and then followed the sweets, in the shape of a pleasant hot mess of rhubarb, rice and sugar. The cost of the entire meal was less than one pound five shillings ($6.25), being at the rate of three pence (6 cents) each person. The food was heartily enjoyed.

This meal has in it a suggestion for the economically disposed, and if men of sedentary habits will gorge themselves, it is infinitely better that they do so with vegetables than with meats.

THE BACILLUS TUBERCULOSIS.—The London Practitioner, for April, is exclusively devoted to the reproduction of a paper by W. Watson Cheyne, the same being a report to the Association for the Advancement of Medicine by Research, on the Relation of Micro-organisms to Tuberculosis. The article occupies 80 pages and is a very thorough consideration of the subject based on the writer's individual investigations. It is illustrated by lithograph plates in which the bacilli are colored red. According to these the tubercle bacilli vary considerably in length, the longest being about the 1-7000th of an inch. They are narrow (about 1-5th or 1-6th of their length), more or less rounded at the ends, and they generally present a sort of beaded appearance. The number of beads in a single rod varies from four to eight, and is on an average six. The rods are generally straight, but they are not uncommonly more or less curved. In the tissue they are generally found singly, or sometimes in pairs, united at their ends or stuck together side by side. In the cultivations they are, as a rule, shorter and stuck together in dense masses.

From a consideration of all the facts Cheyne is led to the conclusion that "tuberculous processes in the lungs are due to tubercle bacilli, and, so far as he knows, to them only." The sequence of events, granted that his hypothesis be correct, is as follows: The tubercle bacilli which reach the lung* by inhalation develop in the epithelial lining an alveolus, this alveolus becomes filled with cells, neighboring alveoli become infected, and the same process goes on in them. The further result will depend on the number and rapidity of the growth of the bacilli, and on whether the patient is a good soil for their development. If they develop well, we have caseous pneumonia, if they grow slowly and with difficulty we have fibroid phthisis. In the former case the alveoli become distended easly with epithelioid cells, this leads to inflammation of the walls of the alveoli, the cells soon undergo cheesy degeneration, and the pressure of the masses leads to atrophy or sloughing of the walls of the alveoli. (In the latter case elastic tissue will be found in the sputum.) Infection of neighboring part of the lung occurs both by continuity, and also by partial coughing up and re-inhalation of the bacilli into other parts of the lung. In this rapid phthisis, fibrous formation around the alveoli only takes place imperfectly and the lung rapidly breaks down.

In this country Drs. Gradle and Woltmann, of Chicago, have recently been conducting extended experiments, which they have embodied in a report to the Chicago Medical Society, and in which they reach the following conclusion:

"Every case of pulmonary tuberculosis can be diagnosed by means of microscopic examination of the sputum, even before the clinical examination reveals it with certainty; and that when repeated proper examination of the sputum fails to show the bacillus tuberculosis, pulmonary tuberculosis does not exist. To speak with certainty in any case requires, of course, that the observer should have familiarized himself with the methods and possess the proper appliances. Our success has been so invariable, that we feel confident enough to challenge the society to produce a case of tuberculosis in which we cannot demonstrate the bacilli."

Thus far, it must be conceded, the support accorded Koch's views vastly preponderates the objections urged against them.

THREE PRESCRIPTIONS FOR HABITUAL CONSTIPATION.—J. Mortimer Granville, M. D., M. R. C. P., in the British Medical Journal: Still preserving what may be called the "nervous" standpoint, it is, I am convinced, indispensable to regard persistent inactivity of the bowels, when not demonstrably due to other causes, as the result of, either defect of peristaltic action; deficient glandular secretion; or, interruption of the *habit* of periodic evacuation.

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*He does not imply that bacilli when inhaled must grow in the epithelial cells; they may pass on and be caught in the bronchial gland, or they may not grow at all; he only refers to what occurs in cases where phthisis developes. He does not think that the development of phthisis is merely a question of soil, but the lung must be in addition prepared, so to speak, for the reception of the bacillus, as may be the case if congestion or slight inflammation be present at the time of the inhalation of the organism.

1. When there is a lax and torpid condition of the muscular coat of the alimentary canal, we get food retained in the stomach or intestines until it ferments, or sometimes "decomposes," with the result of distention, pain mechanically induced, and either eructations or incarcerated flatus. I have recently seen a very considerable number of cases in which this last mentioned trouble had been so great, and at the same time so masked, as to have given rise to the impression that grave disease existed; whereas every anomalous symptom has quickly disappeared as soon as the muscular tone has been restored, and the contents of the bowel have commenced to pass naturally on their course. The essential fault is partial, in some instances almost complete, loss of the reflex contractility of the muscular coat, so that the presence of ingesta at any part of the canal does not excite the intestine to contract and propel it onwards. It is worse than useless to employ ordinary aperients in such a condition as this; they only irritate, without strengthening, the nerves on the healthy activity of which everything depends. When, therefore, this is the form of "constipation" which requires treatment, I give a prescription something like the following; and it is, in the majority of instances—of course nothing is uniformly—successful:

℞ Sodæ valerianatis.....gr. xxxvi
Tr. nucis vomicæ.....ɱlx
Tr. capsici.....ɱxlviii
Syrupi aurantii.....ʒjss
Aquæ ad.....ʒvj.

Misce, fiat mistura, cujus sumatur cochleare magnum ex aquâ ter die semihorâ ante cibum.

2. The second form of constipation, in which there is a deficiency of glandular secretions, generally, throughout the intestine, manifested by a peculiarly dry and earthy character of the dejecta when the bowels *do* act, I treat by a mixture such as this:

℞ Aluminis.....ʒ iij
Tr. quassiæ.....ʒ j
Infusi quassiæ.....ʒ vij.

Misce, fiat mistura, cujus sumantur cochlearia duo magna ter quotidie, post cibum.

3. The third form, which depends chiefly on interruption of the natural habit of periodic discharge, often results from repeated failure to move the bowels, in consequence of one or other of the two preceding forms of this trouble. This may generally be relieved by directing a perfectly regular attempt to go to stool, and by the use of the following draught, taken the first thing after *rising* from bed—not on awakening—in the morning, as nearly as possible at the same hour. It will be observed that it is not an aperient in the ordinary use of the term. It is, as a rule, neither necessary nor desirable to continue it for longer than a fortnight. In most instances, it will be found to re establish the normal habit in a week or less.

℞ Ammoniæ carbonatis.....ʒ j
Tr. valerianæ.....ʒj
Aquæ camphoræ.....ʒv.

Misce, fiat mistura: capiat partem sextam in modo dicto.

THE ABORTION OF TYPHOID FEVER.—Dr. J. O. Davy, of Springfield, criticizes, in the Medical Record, our statement in a late issue that typhoid fever cannot be aborted. The doctor has faith in the possibility of cutting it short. "Within the next five years," he ventures to prophesy, "typhoid fever will be controlled almost as easily as remittent or marsh fever of to-day." Even now he says, "a patient can be gotten into a convalescent condition in from four to six days after the following symptoms are fully developed: temperature, 105°; pulse, 100 or 120 per minute; the nervous symptoms with delirium well marked; tongue, dry, cracked; articulation quite indistinct; bowels, tympanitic, tender and gurgling; diarrhœa of ochre-colored stools, etc. Fully ninety per cent. of such cases can be gotten up and about their rooms in from twelve to eighteen days, by proper medication. Fully ninety per cent. of typhoid fever can be aborted if medication is properly commenced before the patients take to their beds. True, this sounds like the prattle of one suffering from mental hallucinations, but time will tell who are in the fog." Our contemporary has faith in the fulfillment of the prophetic part of its correspondent's article.

We, and we are sure the profession at large, would be extremely obliged to Dr. Davy for the means of accomplishing that which he claims to be even already possible, and will patiently wait for the realization of his bright dream of the future. He owes it to humanity to detail the method of treatment through which he aborts ninety per cent. of his cases of typhoid fever. For six months prior to April 24th last, the Academy of Medicine, of Paris discussed this question. The debate was brought to an end by M. Peters, who, in the language of the Medical Record, "summed up, in a somewhat pessimistic spirit, the results of the long battle of words." He showed that the debate discovered that we possess no specific treatment for typhoid, but that this disease is to be treated symptomatically in accordance with the indications. Our contemporary in referring to this conclusion made use of the following language in the issue immediately preceding that containing Dr. Davy's article, which it endorses in so far as to say that he (Dr. D.) "is safe in his prophesy: "This appears to be a small result, truly. Almost any intelligent American physician would have said the same last December before the debate began. Yet the influence of the discussion may prove useful in checking the ardor of those physicians who imagine that in cold water or carbolic acid they have at least found something which is really applicable to and efficient in, all cases. In other words, the debate has given strength to the rational therapeutics of the disease. Nor need any one say that because there is no specific for typhoid fever, the physician cannot do much in the way of treatment. There are, on the contrary, few diseases in which intelligent watchfulness and care are so likely to prove helpful."

Dr. Davy now has the floor.

Careful Early Diagnosis.—How apt the physician is to honestly believe that the failure of his treatment is due to the inefficacy of drugs! This is a scapegoat to which have been transferred multitudes of grievous errors, greatly to the relief of consciences which in its absence must have been desperately miserable. As a rule, too little care is given to diagnosis, failure in which is fraught with the possibilities of great mischief, for it is the index to the choice of therapeutic agents. The slightest deflection in the pointer may lead far into the quagmire of error, once in the midst of which the physician with the materia medica at hand, becomes the blind giant armed with a club. In the routine of practice the physician who has faith in the healing force of nature, and recognizes the tendency of the disturbed system to the equilibrium, finds comparatively little necessity for determining the precise nature of the disturbance. He makes a superficial examination of the tongue and pulse, with a view to determining the condition of the digestive and circulatory apparatus, prescribes to "correct the secretions," and leaves the ease to his ally *vis medicatrix naturæ*, which, with comparative infrequency fails to fulfil his expectations. The success attendant on this practice encourages carelessness to such an extent that it is probably the exception rather than the rule that the necessary pains is taken on the first visit, to make a diagnosis which will obviate the necessity of changing the prescription at the next visit. Many physicians (younger physicians particularly) it is to be feared, are also tempted to rapidity of diagnosis, thinking thereby to establish a reputation among the laity for a quickness of perception and keenness of insight, which a deliberate and detailed examination of the case would not enhance.

Be the motive what it may, a superficial diagnosis of a single case with a view to prescribing for it is an injustice to the patient, and tends to create distrust of the value of therapeutics, even in the mind of the physician.

Sir James Paget referred to this subject in a recent address. "I suppose," said he, "there is not a medicine in the Pharmacopœia which does not sometimes disappoint him who gives it hopefully; not one which is not, therefore, spoken of with contempt or blame, as if it were a responsible agent convicted of default. But here is an unfair imputation. It is not these medicines which are in fault, but ourselves. That which some call the fallacy of therapeutics is generally the fallacy of diagnosis. To state the facts roughly, we suppose cases to be alike which are really different, and, very naturally, the medicine which does good in some of them, is useless in others."

Exophthalmic Goitre.—It is well known (Medical Times and Gazette) that the three classical symptoms of this disorder are not always present at the same time, the heart phenomena alone being absolutely essential to the diagnosis. Other manifestations less common, perhaps, are diarrhœa, profuse perspirations (local or general), and alterations of the cutaneous pigmentation. These, too, are well recognized as being, when present, part of the disease. But attention has recently been called to other symptoms which, if not overlooked, have, at any rate, not hitherto attracted the attention of the observers in more than the most cursory manner. Amongst these the most constant would appear to be trembling (Marie, Thèse de Paris), which affects the whole body equally, and often appears before any of the characteristic symptoms have been observed. It seems to be more common in the incomplete (*frustes*) forms than in perfectly typical cases. M. Ballet (Rev. de Méd., April) mentions certain convulsive and paralytic phenomena as having been observed in association with exophthalmic goitre. We think, however, that the cases he brings forward under this head are not sufficiently numerous to exclude the possibility of mere coincinence, though M. Ballet's theory that the convulsive phenomena are dependent upon perturbation of the heart's action is attractive. Further inquiries are needed upon these points. M. Ballet also includes polyuria, albuminuria, and glucosuria as among the occasional symptoms. In his opinion exophthalmic goitre is only an expression of the nervous diathesis, which may occur alone or may be combined with other manifestations of the diathesis (*e. g.*, epilepsy, hysteria, chorea, etc.). In conclusion, we would ask whether it is not desirable to call the disease exophthalmic goitre. M. Marie speaks throughout of Basedow's disease. M. Ballet speaks indiscriminately of Basedow's and Graves's disease, both names, in fact, being used on the same page. This surely can tend to nothing but confusion. Dr. Wickham Legg in the last number of the St. Bartholomew's Hospital Reports, denies that Basedow really described the disease at all, as his remarks allude almost exclusively to the condition of the eyes.

The Weir Mitchell Treatment.—The treatment introduced by Dr. S. Weir Mitchell, of Philadelphia, and which was really the fore-runner of "the gospel of fat" which is beginning to be preached, has been received with much favor in London, where Dr. Playfair has been testing it for the past eighteen months, with the best of results. This method, although probably familiar to the profession, is too exclusively adapted to hospital practice to permit of its general use as a therapeutic measure. Its essentials are: 1. The removal of the patient from unhealthy home influences and the placing of her under conditions which will secure for her absolute rest. 2. The production of the necessary muscular tissue waste to ensure food assimilation, through means requiring no voluntary effort on the part of the patient, viz., by massage, and the contractions of the interrupted current. 3. The supply of nourishment, by forced feeding, to the whole system. Both of the two latter essentials are secured in a

very large measure through the inunction of fat during massage. In order to the success of this treatment trained nurses are a *sine qua non*. It is, of course, not absolutely necessary that the patient be removed to a hospital, although it must be seldom possible, in the nature of things, to secure the requisite complete absence of care, visits of anxious and dolorous friends, whose commiseration is very harmful to this class of patients. When the conditions for its successful carrying out are possible, there is probably no therapeutic measure so beneficial to the poor worn out emaciated anæmic, and nervous female wrecks, with their protean hysterical ailments, with which the general practitioner is only too familiar.

SURGERY A LA WAGNER.—L'Union Médicale has the following: Many musicians cannot comprehend the musical works written by Richard Wagner, and for many surgeons outside the German Empire, the tasks undertaken by the surgeons of this enlightened country are difficult to understand. There was a virgin of twenty-seven summers, somewhat retarded in physical development from want of food and other necessities of life. This rather squat-figured lady came under the treatment of a quack, while suffering from irregularities in her monthly periods, who finished his abominable treatment by producing a prolapsus uteri et vaginæ. The lady went here and there to get relief from the swinging burden, but without avail. She then came into the hands of Dr Kuhne, who found a common prolapsus, even without any discoloration on the part of the rectum or bladder. He tried some pessaries, but not being satisfied with their behavior, he performed episiorraphy. But even through the occluded vulva the vagina and uterus were seen dangling, much to the chagrin of the doctor. What now? he asked, and he extirpated both ovaries, the fallopian tubes, and a part of the fundus uteri, which latter he affixed to the abdominal walls with fine sutures, after having it covered well with the parietal peritoneum. This somewhat dangerous operation had the astonishing result that the prolapsus was seen dangling again in its old place, much to the chagin of the doctor. He now became very angry, and he performed episiorraphy a second time, with apparently satisfactory results, and we have not heard of further operations on the prolapsus of the short-figured maiden.

TO COLOR TUBERCLE BACILLI.—The two best methods of coloring tubercle bacilli are those by Koch and Ehrlich, respectively. Koch dries a small piece of sputum on a glass square, places it in a weak alkaline methylin blue solution for twenty-four hours, and then washes it over with vesuvin. Ehrlich, after drying the sputum on a glass square, colors it in methyl violet and aniline water. To prepare the aniline water, three parts of aniline oil are added to 100 parts of distilled water, after which the mixture is well shaken and filtered. The methyl blue is a concentrated alcoholic solution. Sufficient of the methyl blue solution is added to the aniline water in a watch glass to cause opalescence. The prepared sputum (dried) is allowed to remain from a quarter to half an hour in the methyl blue and aniline water mixture, after which it is placed in nitric acid, and then water, and is then exposed to Bismark brown, as the final process in the preparation of the specimen. Professor Fränke prefers fuchsine instead of the methyl violet, and then colors with methyliu blue.

A NEW TEST FOR ORGANISMS IN WATER.—At a meeting of the Academy of Medicine in Ireland, on April 12th (The Medical Press and Circular), Dr. R. Angus Smith, F. R. S., of Manchester, disclosed his newly-discovered test of the presence of organisms in water. In consists of rendering water thick by dissolving gelatine in it. If pure the gelatine cylinder remains long unaltered, but if the water be impure from the presence of organisms, the gelatine round the organisms becomes liquefied and globular, the organisms remaining solid at the bottom of the spheres. The test is only applicable to infusorial animals. Bacteria are the most deadly of all poisons in water, and the test is ready for anyone to use who is not a chemist. Organic matter that is not putrescent will not break up the gelatine.

SALICYLIC HAIR TONIC.—The following formula has the endorsement of a correspondent of the Druggist's Circular, as a remedy of value in dandruff, itching of the scalp and falling of the hair:

Borate of soda	ʒ x
Salicylic acid	ɔ x
Tincture of cantharides	ʒ vj
Bay rum	ʒ xxv
Rose water	ʒ xxv
Boiling water, enough to make	Ojvss.

Dissolve the borax and acid in the boiling water; mix the bay rum and rose water with solution; then add the rest and filter.

The "intelligent compositor" is the editor's *bête noir*. He is poison drop in the sanctum's purest cup, the thorn mid the perennial roses with which the path editorial is spread, the kerosene in the editor's maple syrup, the worm-wood in his wine. When constantly watched he is not dangerous, but the moment you take off him your eagle eye, he makes you wish your existence had been squelched even in the primordial germ. Illustrations of his fiendish propensity are innumerable. His latest exploit was to make a writer in the St. Louis Medical and Surgical Journal who wrote of a patient who had "a foreign body under the lid" appear as saying that the patient had called on him to remove "a frozen body under the bed." And yet such fiends are permitted to live! Truly the ways of Providence are inscrutable. Brother Rumbold, we know how to sympathize with you.

The St. Louis Eclectic Medical College and the Illinois State Board of Health are not on friendly terms. One would at least infer this to be the case from the following which President Washburn recently addressed Secretary Rauch:

> "Sir you still persist in trying to frighten our Graduates, like Springer of Hardin who have attended two full, long terms in our School & Honorably graduated. I look upon you, as the chief, of a set of Dastard Bigots & villians & the sooner you arrest Springer the sooner you will get through with it."

Friend Rauch must be a hard-hearted man to refuse recognition to a college whose president can write in such vigorous and ornate English. The communication, it will be seen, is written in ——— verse, and has thus, perhaps, been misunderstood by the prosaic board.

The Cincinnati Lancet and Clinic cites the following account by Lord Bacon, as one of the oldest cases of the *similia similibus* cure. Milord was troubled with warts, having a crop of hundreds on his hand. The wife of the English ambassador removed them in this way: "She got a piece of lard with the skin on (bacon) and rubbed the warts all over with the fat side; then she nailed the piece of lard, with fat towards the sun, upon a post of her chamber window, which was to the south. The success was that within five weeks' space all the warts were quite away." If any one fails to see where the similia comes in, our contemporary kindly volunteers to send him the "answer" by mail.

The police justice was recently somewhat surprised by the plea of a culprit whom a policeman had run in for being intoxicated. He attributed his misfortune to his attempt to be his own doctor. He hadn't been feeling well, and after a careful study of his case prescribed stimulants. Failing to take into account his idiosynerasy, he took the ordinary dose; the result was the untoward effect noted. The justice had never enjoyed a medical education, and pronounced the usual $10 or 30 days.

The Medical Record tells of a religious weekly, the editor of which exercises such scrutiny over the advertising columns as to enable him to guarantee that each article advertised is worthy of a trial. Such scrutiny is very commendable and we commend the example to our medical editors. The advertisement of a sure cure for gonorrhœa in four days, in the religious weekly referred to, has, however, placed its excellent editor in an equivocal light.

The meeting of the Association of American Medical Editors, at Cleveland, adopted a resolution in which it was unanimously requested that the board of trustees appointed to select an editor for the proposed journal of the American Medical Association, appoint Dr. N. S. Davis, of Chicago, to that position. The Association subsequently decided to establish the journal, and the first number will appear in July with Dr. Davis as editor. *Bon voyage!*

It having been stated in the general order announcing the death of Surgeon-General Barnes that that gentleman was the originator of the Army Medical Museum and the Surgical History of the war of the Rebellion, Dr. Wm. A. Hammond, Retired Surgeon-General, adduces proof to substantiate his (Hammond's) claim to this honor. With this proof before the Department, the Adjutant-General has issued an order correcting the original statement, though still giving the late Dr. Barnes credit for pushing the work to its successful issue.

A druggist on Broadway, New York, has had calls for "Brainerine" the wonderful compound announced as shortly to be placed on the market by the "19th Century Therapeutical Co." One prescriber wishes it in combination with "Sell-crine," but the druggist is at a loss to know whether a famous proprietary nerve tonic or a recently announced cure for the opium habit, is intended. He thinks, however, that either of these, if placed under the auspices of a wound-up drummer, would "sell" quite successfully.

The Louisville Medical News, of the 26th ult., tells of an oculist who reported a case as follows: John F., of Colorado, aged sixty-six, Irish and German descent, blue eyed, was led into my office June 20, 1883 Diagnosis—Pannus, symblepharon, leucoma, ankyloblepharon, hagophthalmus, and entropion, besides an obstruction of the lachrymal duets. He was cured by syndectomy." There is a manifest chronological error in this report, but it is not sufficient to detract from the wonderful nature of the case, or from the skill of the operator.

The Fortnightly Review tells of an orthodox physician who said disparagingly of an irregular practitioner, "Ce n'est pas un médecin c'est un guérissiér," which being translated, might be rendered, 'He is not a physician, he is a 'curer'." The anecdote serves to illustrate the difference which actually exists, between your "scientific" physician so-called, and the intelligent general practitioner.

Dr. Da Costa is credited with the following: 'If one has not too much to do he writes a short paper on phthisis; if one has little to do, he writes a long paper on phthisis; if one has nothing to do, he writes a book on phthisis." 'Gynecologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable.

An undertaker having advertised that he was prepared to furnish all the requirements for a funeral, a malicious wit suggested that he must combine the practice of medicine with his undertaking business.

The French government has hit on a promising scheme for increasing the product of Frenchmen. It will grade a man's taxes according to the evidences of his virility. The more children the less taxes. The scheme has not been long enough in vogue to test its effect on the philoprogenitiveness of the people, although much is hoped from it.

Has the Toledo Medical and Surgical Journal again gone into liquidation? We don't know, but have not been favored with a copy since January, the issue of which month was the first after its resuscitation. What was it begun for, if it's so soon beeu done for?

The 1884 meeting of the Americau Medical Association will be held in Washington, D. C., and Dr. Austin Flint, Sr., will be its president.

THE PATHOLOGY AND TREATMENT OF DISEASES OF THE OVARIES (Being the Hastings Essay for 1883). By Lawson Tait, F. R. C. S., Edin. and Eng., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for diseases of women) to the West Bromwich Hospital; Fellow of the Royal Medico-Chirurgical Society, etc., and Honorary Fellow of the American Gynecological Society. Fourth Edition, Re-written and Greatly Enlarged.
New York: William Wood & Co.
Detroit: Gorton, Blewett & Co.

The author apologizes for the imperfections of his book, giving as his excuse his scant leisure for research. He has, in consequence, been obliged to write chiefly from his own experience and to make very free use of the pronoun of the first pronoun. The reader will scarcely regret this scant leisure, seeing that it has to the extent that it has prevented research secured an original work by one of the highest living authorities on this somewhat neglected subject.

The book opens with a very comple'e chapter on the Anatomy and Physiology of the Ovary and Oviduet, which is followed by another equally complete on Errors of Development aud Displacement of the same. The remaining four chapters are devoted respectively to Oöphoritis and Peri Oöphoritis, Cirrhosis of the Ovary, Abscess of the Ovary; Ovarian Tumors and Conditions which Simulate them; Ovariotomy; and Recent Extensions of Abdominal and Pelvic Surgery.

Oöphoritis is an exceedingly troublesome affection and uot geuerally understood. Inasmuch as it more frequently falls to the general practitioner to treat it thau any other affection of the Ovary, the chapter devoted to it is, to him, the most valuable in the book. It is divided into a consideration of, 1. Ovarian hyperæmia; 2. Acute ovaritis; 3 Chronic ovaritis, which it discusses iu relation to their effects on menstruation and their treatment. The fulness in which these are considered prevents eveu an abstract in our limited space.

As might naturally be expeeted the bulk of the book is devoted to ovarian tumors and ovariotomy. The author commits himself to a belief in the malignancy of ovarian tumors and strongly advocates their early removal with a view to the prevention of a return of the diseased process in other parts.

The following unequivocal language, touching ou ovariotomy, would seem to be timely in its applicatiou to the operation as it has been performed in an amphitheatre before a promiscuous crowd and without the slightest precaution calculated to secure cleanliness or the disinfection of those who had been in attendance on contagious diseases: "I can only say further that, in my opinion, any man who deliberately performs an operation under circumstances from which his patient aequires fatal blood-poisoning ought to be the subject of a criminal indictment." The author discountenances the performance of the operation by those whose experience is likely to be limitcd to two or three cases in a lifetime.

DISEASES OF THE RECTUM: Their Diagnosis and Treatment By William Allingham, M. D., Fellow of the Royal College of Surgeons of England; Surgeon to St Mark's Hospital for Fistula and Other Diseases of the Rectum, etc. Fourth Revised and Enlarged Edition. With illustrations.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane.

This is an 8vo volume of 165 pages bound in flexible eover, and covering the various diseases to which the rectum is subject, including fistula, hemorrhoids, painful ulcer, stricture and prolapsus. It has passed through three large editions and is very favorably regarded by the profession. It requires but a superficial examination of it to satisfy one that the author is one of those careful guides whom it is safe to trust. His experience has been extensive, and he speaks from it as a basis throughout. He is not partial to the injection of piles with carbolic acid, and we regard his condemnation of the operation as well-timed. He tried it in some cases, but the result was much pain, more inflammation than was desirable, a lengthy treatment and doubtful result; certainly not a radical cure. He cannot but regard all attempts to destroy vascular growths by causing coagulation of blood or inflammation in them while they are not shut off from the circulation, as fraught with danger. There can be no guarantee that the coagulum may not break down and the particles finding their way into the vascular or lymphatic system, result in embolism or pyæmia, or both. He gives the details of various operations, excision with knife or scissors, the ecraseur, the application of caustics, the galvano-cautery, dilatation of the sphincters, crushing and ligature. His preference seems to be for the ligature.

The book is well written and is not surpassed in its treatment of its subject.

AN INDEX OF THE PRACTICE OF MEDICINE. By Wesley M. Carpenter, M. D., Assistant Pathologist to Bellevue Hospital; Instructor in the Pathological Laboratory of the University of the City of New York; etc.
New York: Wm. Wood & Co.
Detroit: Gorton, Blewett & Co.

This little book of 300 odd pages is literally a vade mecum, its size, shape and binding being all designed to adapt it for the pocket. It is freely interleaved with blank pages for the purpose of note-taking. It is admirably adapted to the use of the young practitioner, being provided with a receptacle for pre-

scription blanks, the diseases being arranged alphabetically and the number of prescriptions being profuse, he may, with the least possible danger of being detected, consult it in emergencies. Of course the practitioner is expected to be at all times quick to select the very best thing for the case before him, but it may happen, especially when he is young, that such a suggestion as a work of this nature may afford him may occasionally be very opportune. To any physician having a treacherous memory Dr. Carpenter's book will prove valuable.

THERAPEUTIC HAND-BOOK OF THE UNITED STATES PHARMACOPŒIA. Being a Condensed Statement of the Physiological and Toxic Action, Medicinal Value, Methods of Administration and Doses of the Drugs and Preparation in the Latest Edition of the U. S. Phar. (Apothecaries' and Metric System) with some Remarks on Unofficinal Preparations. By Robert T. Edes, A. B., M. D., (Harvard); Fellow of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; Late Passed Assistant Surgeon U. S. Navy; Professor of Materia Medica in Harvard University, etc.
New York: Wm. Wood & Co.
Detroit: Gorton, Blewett & Co.

The title page of this book, as above reproduced, epitomizes its object. The U. S. Pharmacopœia is of itself of comparatively little value to the physician, and yet it becomes him to have knowledge of what are the standard articles of the materia medica as they are somewhat arbitrarily stated in the official guide. Treating, as it does, simply of the physical properties of drugs and of the methods of presenting their medicinal principles in eligible form, it is more properly a druggist's than a physician's guide. The book before us supplements it and is adapted to the latter purpose. The author shows a very considerable familiarity with professional needs in his division of the space devoted to the different articles, those of comparative unimportance being dismissed with a few lines in order to permit a fuller consideration of the more important. He is, moreover, an adept at condensing and has compressed the more important physiological and therapeutic properties of the drugs into remarkably narrow limits and has very successfully avoided confusion and ambiguity. The dosage, in so far as we have compared it, is correct and the giving of it in the old and new systems will be appreciated by all who wish to cultivate a familiarity with the metric system.

"BEEF PEPTONOIDS." Prepared by Reed & Carnrick, New York.

We are in receipt of a pound of this preparation, done up in a beautifully japaned-tin box. It is a true food, containing the albumen which is eliminated from the generality of beef extracts and essences on the market, and in the absence of which no preparation can be said to be nutritious. It is in the form of a powder, the extract of beef being mixed with gluten in such proportions as ensures permanence of the dry powder. Four ounces are said to contain the full nutritive principles of three pounds of the best lean beef. "Beef Peptonoids" is calculated for the preparation of a fluid, at once as pleasant as beef tea and supplying the nourishment which the latter does not.

[Read before the Michigan State Medical Society, at Kalamazoo, in May, 1883, and printed in this journal with the consent of the Society.]

Etiology of Urethral Inflammation.

BY HENRY J. REYNOLDS, M. D., ORION, MICH.

The value of a careful investigation and correct knowledge of the ætiology of individual cases of urethral inflammation cannot be over-estimated. It is not only a very important matter with a view to the intelligent treatment of each case, but also, in a moral or medico-legal sense, with a view to justice to the individual so affected; to justice between the person so affected and the person concerned in the supposed source of contagion, and, still further, we can imagine a case where it would involve the question of justice between even man and wife.

Though in a great majority of cases urethral inflammation may be ascribed to one principal cause, viz., that of infection from the virus of the specific form of disease known as gonorrhœa, yet there are numerous other causes giving rise to a form of disease not clinically differing from true gonorrhœa, and to all appearances almost identical with it; both being inflammations of the urethra associated with more or less discharge of pus or muco-pus, as the case may be, and having no diagnostic features by which the one may be differentiated with certainty from the other. No intelligent physician will doubt for a moment the possibility, at least, of having a discharge from the urethra with all the accompanying symptoms of true gonorrhœa when the disease, nevertheless, may have arisen from some cause other than that of contact with the specific virus of gonorrhœa, and still I think it is too common a practice with physicians in general, where the cause is obscure, to ascribe the disease to contact, during the sexual act, with a diseased person. There is no doubt that many an innocent person has been wrongfully accused and thereby seriously injured in this respect, and, as Van Buren has said, "it is better that a hundred of the guilty should escape than that one innocent person should be accused."

The various forms of urethral inflammation may be summed up under two principal heads, viz., simple urethritis, and specific or virulent urethritis.

By the term simple urethritis, I would embrace all those forms of urethral inflammation not caused or produced by contact with what is known as gonorrhœal virus; these various forms differing only in their ætiology and extent, and not in the quality of the inflammatory action. This inflammation, under favorable circumstances, usually runs a short, mild course, and may be produced by almost any kind of irritation, such as, for instance, a foul, acrid or decomposing menstrual or leucorrhœal discharge, strongly acrid or concentrated urine, injury by the rough use of urethral instruments, passage of stone fragments or quantities of large uric acid crystals, irritation to the perineum, as in horseback exercise, riding on a wagon without springs, etc. Any of the above causes are capable of producing a sim

ple urethritis, no doubt, but are more particularly so when combined with pre-existing stricture, idiosyncrasy, uncleanliness, impaired urethral tone, as from sexual excess, cold, etc. Inflammation produced by any of the above causes, though tending to run a mild course and get well rapidly, will under unfavorable circumstances, frequently remain very stubborn and unyielding to treatment. A simple urethritis, from any cause, once fully established, can almost invariably be aggravated by the use of too strong injections, together with acid or irritating urine, periueal irritation and general dissipation. In such a case it may assume fully as violent a form as true gonorrhœa from contagion, leaving all the evil consequences, as gleet, stricture, etc., and may even, in my opinion, contain the necessary contagious elements to impart the disease readily to others by contact.

The mildest form of a simple mucous catarrh from the meatus may be ultimately aggravated into a most violent urethritis, by the indiscreet use of a too strong injection in an unusually sensitive urethra. I have seen the inflammation greatly increased by the injection of a cheap insoluble form of sulphate of zinc, some of the crystals remaining undissolved and being carried into the urethra in that state. Other cases I have seen greatly aggravated by simply riding on the cars; the warmth from the cushioned seat and the constant jarring motion, of course, being the cause.

Hence a man may acquire without sexual or even "water closet" exposure a disease almost, if not entirely identical with true gonorrhœa from contagion; the only difference, if any, between which and true gonorrhœa being that it is possibly devoid of the elements of contagion.

All physicians are, no doubt, familiar with the contagious character of purulent conjunctivitis; even a catarrhal form of conjunctivitis may be transmitted from one to another by contagion. Both of these diseases, it is generally if not universally conceded, may arise spontaneously; that is, entirely independent of contagious influences. Here then is an inflammation of a mucous membrane developing spontaneously, as it were, into a violent contagious disease. Now, it seems highly probable that the same thing may and does take place in the mucous membrane of the urethra, and hence may be developed, without contagion, a disease possessing all the distinguishing characteristics of true gonorrhœa. The disease is now no longer simple urethritis, but has become developed, either in the same individual or through a series of inoculations, into a specific, virulent or contagious urethritis.

The following cases, the veracity of the statements and history in each case being to my mind beyond a question, furnish illustrations of simple urethritis or urethritis without contagion:

Case 1.—F. C., commercial traveler, æt. 30, with good constitution, though of somewhat dissipated habits, came under my care for gleet in July, 1879; examined and found stricture, for which patient declined submitting to any operative treatment. The discharge continued, more or less, till the summer of 1880, when it ceased altogether. In the fall of 1881, or more than a year after the discharge had disappeared, I was again consulted; patient stating that the old disease had come back on him. Stated also that he had positively not had any exposure to new disease, which was in all probability true, as he was engaged to be married soon. In this case the discase was evidently not due to gonorrhœal infection, but probably chiefly to the stricture.

Case 2.—R. J., æt. 28, driver of fast horses; of good habits and good constitution; wears suspensory bandage, however, for a bad varicocele. Contracted in fall of 1880, though without having had any suspicious intercourse, a disease which was, to all appearances, true gonorrhœa. The discharge continued in abundance for five weeks and was followed by gleet, which lasted four weeks, and a little increased frequency of urination, which continued for a time after the gleet stopped. No examination was made, but quite probably a small amount of stricture existed. In one year after the first attack patient had another which, however, was more mild, not lasting over three or four weeks and not followed by any gleet or other bad symptoms. In the following spring a third attack set in. This attack, though mild at first, owing to riding on a sulky without springs, (which every time seemed to increase the trouble) violent exercise, etc., the disease lingered and grew gradually worse, and, finally, after having run a very severe course, was followed by gleet, which has lasted ever since. On September 14, 1882, six months from date of last attack, I examined and found strictures at two and one-half inches, and at six and one half inches, from the meatus. It might be well to mention that there had been no suspicious intercourse previous to any of these attacks, and that the last intercourse of any kind, prior to the last attack, was at least twelve days before the appearance of the discharge. It is extremely probable, therefore, that the two last attacks, at least in this case, were not the result of gonorrhœal contagion, but were produced by the following causes: stricture, resulting from first attack, the perineal irritation from riding the sulky, the irritation from pressure of the band of the suspensory bandage behind the scrotum, upon the urethra, strongly acid urine, etc. The irritation from riding the sulky and the pressure of the suspensory bandage both, however, the patient stated, increased the intensity of the disease when present.

Numerous other cases similar to the above might be quoted did time and space permit, but these, which, no doubt, accord with the experience of many practitioners, may help to illustrate the point I wish to establish, viz., that we are, much more frequently than we readily concede, called upon to treat cases of urethral inflammation which we diagnose as true gonorrhœa, where the real disease is only a simple urethritis, being produced by some of the numerous causes outside of gonorrhœal contagion.

With regard to the cause of what I should designate the specific or virulent form of disease, I will say but little in this paper. It is, of course, always said to be the result of contact with the propagating element of the discharge of the so-called true gonorrhœa. It seems probable in my mind, however, that a contagious, virulent or specific form of disease may be developed from contact with the discharge from a violent form of simple urethritis, especially where uncleanliness, and other circumstances favoring the development of the same, exist.

In conclusion, I will add, that while, as a general thing, it makes little or no difference to the physical well-being of those affected, whether all cases of simple urethritis be called by the name of, or even treated as, gonorrhœa, I can imagine a case where such a course might be productive of great evil and damage, both to the patient and physician, and which would be in reality little short of, and possibly as actionable for damage as ,real malpractice.

On the Production of the Brown Line in Pregnancy.

BY H. ASTHALTER, M. D.

[Translated from the German, by G. A. Close, M. D., Bellaire, Ohio.]

The linea alba, formed by the blending of the aponcuroses of the broad abdominal muscles, constitutes the strongest part of the abdominal wall. Really, it represents a fibrous cord, which above the umbilicus is four to six lines broad, below the umbilicus it becomes narrower and less dense, but from before backward it increases in thickness, and attaches itself to the pubes. (Hyrtl. Lehrbuch der Anatomie des Menschen, p. 424.)

In consequence of every irritation of the skin pigmentations are produced in the epidermis, or in fact after a mere hyperæmia of the irritated skin or exudation or hemorrhage of the same has preceded, but without either swelling or redness having preceded, pigmentation may follow irritation of the skin. (Hebra. Hautkrankheiten, p. 7.)

The brown line which is called (in German obstetrics) linea alba, is most frequently seen in women in the last months of pregnancy. As far as I know there has been no explanation of the cause of its formation given. The brown line is situated on the anterior exterior abdominal wall, extending from the ensiform cartilage to the umbilicus as its upper portion, and from the umbilicus to the mons veneris as its lower portion. Sometimes the umbilicus is surrounded by an irregular brown ring. The pigmentation is sometimes deep brown, and again light brown, and is tolerably constant. Most frequently the upper portion is wanting. It varies greatly in breadth. We find it narrow with well defined outline on women with large well developed pelves, broad and the outline diffused and less well defined, on women with small and especially shallow pelves. Altogether the skin of the abdomen of the woman with a large pelvis is less pigmented than the skin of those with small pelves. In the latter cases the whole skin of the abdomen sometimes takes on a dirty brown color; the line is then less prominent and well defined. In two cases I saw the line as a light red streak. Those two cases were blonde women of very slender build, with thin delicate skin who were pregnant in the ninth month, and showed nearly normal pelvis measurements.

According to R. P. Harris, in Playfair's Science and Practice of Midwifery, the brown line in pregnant negro women is much darker and narrower than in white women. In the beginning of the second half of pregnancy, the pigmented line comes distinctly into view, remains until after confinement and then gradually disappears. (Hebra) If we take into account the anatomy of those parts of the anterior abdominal wall directly in the vicinity of the linea alba, we have, counting from before backward, first in order the epidermis, mucus malpighi, stratum papillare, derma, adipose and cellular tissue, fascia superficialis, the linea alba (fibrous cord), and then the fascia transversalis, and behind this, coating the whole abdominal cavity, is the peritoneum. If we consider the linea alba a cord stretched from the ensiform cartilage to the symphysis, it then becomes clear that that district of the stratum papillare which lies directly on the fibrous cord will be stretched and irritated by every pressure in the direction from behind forward. This pressure to which the abdominal wall is subjected from the gravid uterus, is increased by working, walking, dancing, etc., and is conveyed, by reason of the prominence made by the linea alba, to a circumscribed portion of the stratum papillare. At the end of the fourth month of pregnancy, the fundus uteri stands about three fingers' breadth above the symphysis, and in the sixth month to about the height of the umbilicus. A greater length of time, and probably in a greater measure, too, the pressure will act on the lower portion of the fibrous cord, and in fact we find the lower half of the brown line more constant, and generally more intensely pigmented than the upper half. The darker color, as also the greater frequency of the lower half of the brown line, may have its cause partly in the fact, that the lower half of the fibrous cord is thicker from before backward than the upper half.

If we hold to the statement made by Hebra, that every irritation of the skin has a pigmentation of it as a consequence, then we do not think it is reaching too far to maintain, that the pressure which acts through three to five months is sufficient to produce the pigmentation in question. What is generally understood by an irritation of the skin is wanting here, but we must not overlook the fact that the corsets, clothes, etc., give a counter-pressure, as soon as the gravid uterus arches the abdominal wall forward.

Believing that if I could produce similar conditions experimentally, I would succeed in producing pigmentation in the skin of the rabbit, I took black rabbits having white spots, and put, with a needle made for this purpose, carbolized silk threads, which were previously knotted, under the skin.

Some of the threads were made to lie on the external oblique musele, others on the gluteus maximus. The animals were examined every day, but exeept a light redness, no change could be seen in the skin. Relying on the experience of surgery, and which is abundantly corroborated by experiments, that well disinfected foreign bodies would encyst themselves in the living tissue, I took a loop well knotted, made of carbolized silk and carried it under the skin in the region of the gluteus maximus; a similar loop was placed under the skin in the region of the obliquis abdominis externus. Five to eight days after the operation I took a narrow strip of India rubber, which was some shorter than the distance between the before-mentioned loops, and brought it under the skin. This strip of rubber was sewn crosswise with silk thread and had a small hook, made of silver, fastened to each end. When I succeeded in connecting the hooks with the now encysted loops I then covered the opening made by the needle with collodion. Through the movements of the animals I expected to be able to create an irritation, a friction from the deep on the more superficial layers of the skin. But here, too, I only succeeded in producing a hyperæmia that soon again disappeared.

In conclusion, I would like to mention a pigmented line that is to be seen on the skin of the penis of men who have worn, for a considerable period of time, a suspensory bandage. This brown stripe is on the median line of the under surface of the penis, extending from the junction of the scrotum and the penis to the fold of the prepuce. Pigmentations of the penis skin are, as is well known, very frequent, yet a sharply defined pigmented line I have only observed in men who had worn a suspensory.

[Although the brown line has been seen by others only in pregnant women, or at least it is thought to be present only in pregnancy, yet it certainly occurs under certain circumstances in women who are not, and have not been pregnant for many years. One case that I observed was a woman 40 years of age with dark skin and hair, who had three years before been pregnant for the last time and was now (time of examination) afflicted with a large ovarian tumor. The whole abdominal skin, especially below the umbilicus, was very much pigmented and covered with striæ. The lower portion of the brown line was not apparent; the upper portion was narrow, well-defined and about as dark as in most cases of pregnancy. Again, in one other case which resembled the above in nearly every particular, except that the woman was considerably younger, of lighter complexion and had given birth to her last child some seven years ago, the upper portion of the line was not so distinct as in the first mentioned case; the lower portion was entirely wanting. A third case was a woman about 55 years old who was delivered of her last child sixteen years ago and who now has ascites. The lady has very dark hair and complexion. The skin of the abdominal wall is clean and white and entirely free of striæ, the lower portion of the brown line is of a quite dark brown and well marked. The upper portion of the line is entirely wanting in this case.

If the brown line is the result of a mechanical irritation, as from the foregoing it certainly seems to be, then I think the conclusion is justified, that if all conditions (tumors, etc.) are fulfilled, then the line must make its appearance on the skin of the abdomen of men, especially as there is no difference in the general anatomical construction of the abdominal walls in the male and female. Altogether I think the brown line is present much oftener than it is taken notice of. One other conclusion that I think we are justified in making, is that the peritoneum that is subjected to the same irritation by the movable pregnant uterus to about the same extent as the parts lying before the linea alba, will in pregnancy show a hyperæmic streak correspondiug in location to the fibrous cord.

Before I conclude we will look again at the two cases in which the author saw the line appear as a light red streak. These cases may be explained perhaps by assuming that it was a hyperæmia brought on by a paralysis along the linea alba, of the vaso-motor nerves in the stratum papillare, the latter caused by the irregular pressure of the pregnant uterus against the cord. Or the redness may have been dependent on the extreme delicacy and transparency of the skin.—TRANSLATOR.]

Cervico-Brachial Neuralgia.

BY H. LANDON, M. D., REMINGTON, INDIANA.

Neuralgia in general, is interesting to the physician in several ways, one of which is the study of its etiology and morbid anatomy, although both are still enveloped in much obscurity. Another is the gratitude we receive and the pleasure afforded us in knowing that in a large majority of cases we can restore the sufferer to health. What causes the pain, that embitters our very existence, in neuralgia? Is it congestion; is it inflammation; is it atrophy of nerve structure? All these may play their part in various combinations; how much, or to what extent, is not definitely settled. The facts so far gathered to clear up the morbid anatomy of neuralgia are few, and necessarily so, as few of our patients die, and thus rare opportunities are given us for pathological investigation. In reporting the following case, I do so more from a belief in its rarity, and the interest we should all feel in giving our results to the profession, than that I might add anything new to the history of the affection. It is well described in some of our text-books and not mentioned in most, at least in most that are not recent; hence the liability of mistaking it for some other malady :

Mr. T., a poultry dealer after a hard day's work in a cool and damp cellar, packing poultry in ice, in the fall of 1882, went to bed quite chilly and had a severe chill later which lasted three or four hours, but no aid was called until morning, when his physician pronounced his trouble

muscular rheumatism, pain having developed in the pectoral muscles of the right side, with fever. Pain gradually extended to the shoulder and thence down the arm, the entire system of nerves supplying the arm becoming involved. Under treatment addressed to the disease as above specified, no improvement occurred and patient only obtained relief from pain at times by opiates. During the third week a plentiful crop of herpes developed, covering the shoulder, arm, forearm and hand. This occurrence surprised both patient and physician, but as pain somewhat abated with the eruption, patient was assured that the disease was fully understood and that all was going well. With these assurances the patient still endured his days and nights of torture and anxiety, still hoping to see the end—the promised relief so long delayed Thus matters contiuned for two more long weeks with more or less remissions, when in the sixth week marked aggravations of pain commenced; indeed, so violent were they that the patient nearly succumbed at two different periods closely following each other. The treatment thus far had been quiniue in large doses to relieve the fever, opiates and embrocations of chloroform and aconite liniment to allay pain. At this time attendant was discharged, and I was requested to assume control of the case. The herpes was still plentiful, although fading, intense hyperæsthesia of the arm and hand, so much so that nothing but the softest material could be allowed in coutact with it. Vasomotor and trophic disturbances were present and peculiar. The arm had wasted markedly, while the forearm and hand appeared swollen. The hand felt hot and there was a peculiar glossiness of the fingers, the skin feeling very smooth and dry upon dorsal surface, but more moist upon palmar; much tremulousness of arm upon attempted motion, with pain and an almost constant feeling as though the arm was covered with a thousand fleas crawling over it. Painful points were frequent and easily found at the places of emergence of the different nerves near the surface. The plexuses in the axilla were especially sensitive. Palor and coldness of surface of arm marked, except in the hand. Shooting pains down the arm frequent, especially in the region supplied by the musculo-spiral and intercosto-humeral nerves. Subsequently paresis with anæsthesia occurred which slowly passed away. Patient was reduced to a mere skeleton by fever and the intense pain which was present at the time I assumed control. I began the treatment of his case by applying a large blister to the cervical region and one beneath the axilla, and kept them sore as long as possible, when they were repeated near the same localities until the cure was complete, in so far as pain was a manifestation; hypodermic injections of morphine, at first three times a day and gradually withdrawn as the disease sub-bided. Internally syrup hypophosphites with dilute phosphoric acid, equal parts, three times a day, to improve nutrition; also a two-grain quinine pill after each meal. Gross's neuralgia pills were given, one three times a day, with the strychnia omitted, for a long time with great benefit. Under this treatment improvement at once began and steadily continued with but little interruption, so that in the course of three weeks patient was up and taking exercise out of doors. At this time patient gave up all opiates, but continued quinine and neuralgia pills, and the following conditions still existed: Great stiffness of arm and hand with but little power to grasp anything; intense numbness of palmar surface of fingers and hand; hand still swollen but not so hot; arm and forearm much wasted and no pain, except in the region of musculo-spiral and intercosto-humeral and the occipitalis minor, which three nerves were provokingly obstinate in keeping up a constant soreness, which was readily aggravated by changes in the weather or undue movements of the arm. In every other way patient had improved splendidly. Now massage to the arm and electricity were added, which brought relief, both in regard to pain that remained, and the nutrition of the wasted muscles. The electro-magnetic current passed through the arm increased the pain, while brushing the arm and hand simply with the electrode abolished the remaining soreness and the numbness that existed in the hand. Iodide of potassium, in twenty-grain doses gradually increased to thirty, was now given and quinine withdrawn; these doses were kept up for some time without inconvenience three times a day, and patient progressed to a rapid and permanent restoration of health.

The points of interest in such a case center in its beginning with a pronounced chill followed by pain, first in the region supplied by the internal and external thoracic nerves, from thence gradually spreading to the shoulder and arm; the mistake in diagnosis, which continued after the eruption of herpes and other signs of a neuritis were developed; the subsequent progress of the case after its true character had been determined and the nearly perfect state of restoration after so many weeks of misguided suffering. Not only is the history of such a case instructive, but it admonishes us all to caution against making a statement of our diagnosis too early in a case not perfectly plain, and in which no detriment can occur by withholding our opinion for the present, instead of attempting to seem wise by gratifying our patrons before time for a mature judgment can be formed. Careful reflection and more study will save us many an anxious hour and much reputation, otherwise carelessly lost.

The Bicycle—Its Advantages as a Means of Locomotion Adapted to the use of Physicians, etc.

BY G. E. CORBIN, M. D., ST. JOHNS, MICH.

A dozen or fifteen years ago the "two-wheel velocipede," propelled by crank action, was introduced into America from Europe. For a short time it awakened much interest, but the idea of its being a real substantial aid to locomotion was soon abandoned, and its use was surrendered to children, as a mere toy

This judgment was just, for the position upon the machine, with the body erect and the legs extended horizontally forward, made its propulsion laborious.

From this crude beginning has been constructed the bicycle, so arranged as to sustain the weight of the rider but slightly posterior to the axle of the front wheel, which possesses a radius but little less than the length of the leg of the rider. In this erect position most of the weight of the body can easily be transmitted to the cranks for the purpose of propulsion.

If *all* the weight were sustained by the feet, and thereby transmitted to the cranks, it would require no more muscular exertion than would walking with the feet equally wide apart, a distance of ten or twelve inches. The expenditure of such an amount of power, however, is never required for its propulsion, excepting in the act of climbing hills, or wading through sand or mud.

On smooth, hard, level roads, two-thirds of the weight of the rider may rest easily upon the saddle, and the other third alternating from one pedal to the other will rotate the wheel with ease and speed. One-third of the weight of the body thrown upon one foot while describing one-half of the circumference of a circle ten or twelve inches in diameter, will propel the vehicle and convey the rider to the distance of one-half the circumference of the larger wheel. On a 54-inch wheel, the average size ridden, this slight effort will convey the rider a distance of about seven feet. In other words, thrusting the foot through a space of from ten to fourteen inches, with a power sufficient to sustain only one-third the weight of the body, will convey the rider a greater distance than will three full steps of a pedestrian while sustaining the entire weight of the body.

This theoretical view is confirmed by my actual experience. On good roads I can ride my bicycle ten miles in less time and with less exertion than are required for me to walk three miles. That ambitious young riders cover from fifty to one hundred miles daily, for many days in succession, is undeniable. That a light, graceful vehicle, possessing such advantages, can and will become a useful aid to physicians as a means of locomotion, can scarcely admit of a doubt.

This in no way implies that human muscle is to be substituted for 'horse flesh."

The exercise of a short ride in an easy carriage is only passive. Notwithstanding the long daily rides of many physicians are laborious; the weariness is produced by a long continued series of concussions and oscillations that do not inflate the lungs, expand the chest and exercise the muscles to the best advantage.

In this condition, both pleasure and rest may be secured by a thirty or sixty minutes' ride upon the bicycle, and it may just as well be taken in visiting patients as otherwise. Physicians, dentists, and others who are confined closely in offices, school rooms, counting rooms, etc., will find the bicycle a very fascinating and beneficial means of exercise. Its skillful use can be speedily and easily acquired.

Its use requires just enough attention to divert the mind from the excessive strain of business, and this is no small point gained.

With most persons it can be sufficiently used without interfering with regular hours of business.

Its use inflates the lungs, expands the chest, exercises, develops and strengthens every muscle in the body.

To those who (if any such there be) imagine that bicycle riding does not fully comport with the dignity of their stations, I would suggest that whatever in the way of garb, vehicle, instruments, or appliances is most appropriate for the occasion; whatever will most effectually and easily accomplish any worthy object sought, is entirely justifiable, and can, by no possibility, detract from merited dignity.

Concerning the bicycle, I do not speak from theory alone. I was half a century old before I ever mounted one, and am now riding mine for the third season, and with much individual benefit. I have ridden my bicycle with ease and pleasure, twenty-five miles in an afternoon, over our country roads, which are not the best, making several professional calls during the time.

To my professional brethren I would say, test the wheel for yourselves.

A Novel Uterine Supporter.

HOLMAN S. HUMPHREY, M. D., JANESVILLE, WIS

℞ Amyli .....
Sacch. alb .....āā ʒ j.
Finely pulv. chloride of sodium. ʒ j.

M. Triturate thoroughly and put in a bottle; cork tightly.

With the patient placed in a good light, replace the uterus and introduce a long glass speculum of as large a diameter as can easily be used; then with a spatula place one or two drachms of the powder within the speculum, and, using a cotton swab, carry the powder up and pack Douglas cul de sac and all around the neck of the uterus with it, and as the speculum is slowly withdrawn starch the entire mucous membrane of the vagina. This will effectually prevent the uterus from descending through the vagina, and gives wonderful support to the vaginal walls; aids in curing leucorrhœa, and last, but not least, is an effectual bar to intercourse, and thus would become a great boon to many suffering women if generally used. Ordinarily the operation should be repeated twice weekly, but if there is profuse leucorrhœa it must be done oftener, and before applying, the vagina should be well cleansed with syringe and warm soap suds. I have used this powder a great many times during the past ten years, and find it not only the best uterine supporter in prolapsed conditions, but also a direct tonic to the debilitated structures as well. The combination embodies within itself nearly all the constituents of the tissue, and hence cannot become detrimental by remaining several days within the vagina; the chloride, also, preventing decomposition.

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AMERICAN MEDICAL ASSOCIATION.—The general session of the association met, in pursuance of the adjournment at the close of President Atlee's address (a synopsis of which we gave in our last) at 9:30 on the morning of the 6th inst.

Dr. F. Pratt, of Michigan, called up a motion, made at last year's meeting, to amend th by laws so as to restrict the choice of officers to members actually present at the meeting at which the election is held. This proposed amendment was further amended so as to have the restriction to apply only to president, vice-president, chairman and secretaries of sections, the assistant secretary, the chairman of the committee of arrangements and the Judicial Council. As thus amended the motion to amend was adopted.

Dr. S. D. Gross offered a paper signed by Drs. Austin Flint, Oliver Wendell Holmes and himself, in which the members of the Association were urged to impress upon their senators and representatives in Congress the necessity of a fire-proof building for the preservation of the national medical library and museum at Washington, and the further necessity of an annual appropriation of $10,000 for the library, $5,000 for the museum and additional sum for the index catalogue.

Dr. H. A. Johnson presented a preamble and resolutions embodying the sentiments of the paper and they were on motion adopted.

Dr. N. S. Davis then read his report as chairman of the Board of Trustees having in charge the consideration of the question of journalizing the transactions. He reported in favor of the establishment of a journal to be known as The Journal of the American Medical Association. The plan contemplates a 32 pp. weekly which shall be issued at $5,00 year. In answer to circulars sent out, 2,100 subscriptions have been pledged and the number is expected to reach 2,500, which will create a revenue of $12,500. It is estimated that $5,000 can be realized from advertisements, thus swelling the income to $17,500. Out of this amount the printing ($8,000) and editorial expenses ($6,000) are too be paid, thus leaving $3,500 profit. On this favorable showing the journal was on motion ordered to be established.

Dr. McMurtry, secretary of the Board of Trustees, reported that that body had selected Dr. N. S. Davis, of Chicago, as editor-in-chief, and the selected was endorsed by the Associaton.

Dr. Davis in acknowledging his acceptance of the position of editor of the new journal, requested the forbearance of the Association in his possible shortcomings. He would devote himself with faithfulness to his duties, but the profession must not too soon expect a journal which would rival the British Medical Journal, which, it must be remembered, is the work of years. He announced that the first number would be issued in July.

Dr. Davis, in consequence of his election to the editorship, resigned his position on the Board of Trustees. He resignation increased the vacancies on the Board to four, and Drs. G. O. Hooper, of Arkansas; Alonzo Garcelon, of Maine; L. S. McMurtry, of Kentucky; and J. M. Hollister, of Illinois, were chosen to fill them.

A clause having been added to the ordinary slip containing their addresses and the society which they represent, which delegates sign to secure their seats, which had the effect of causing them, *nolens volens*, to renew their fealty to the Code of Ethics, there was considerable dissatisfaction expressed at the action. Dr. Davis, therefore, stated that he had been instructed

by the Judicial Council to say that that body assumed all responsibility for the addition of the clause. This generous assumption was received with applause.

Dr. J. H. Hollister, of Illinois, Chairman of the Section on Practical Medicine, then read his address. He declared that progress in medicine depended on the exercise of pure reason which can never defer to faith and can expect no such aid from revelation as may cause it to walk with a wisdom not its own. It is so much the creature of mental and material forces which are interchangeable, interdependent and inseparable, that reason is compelled to thread her way with steps slow and uncertain, sometimes in truth, ofttimes in error, ever painfully conscious of her weakness and of the mysteries which confront on every side. The absence of full positive knowledge has prevented the restraint of the fancies and credulities within its fold, and as a consequence, speculations have been piled mountain high by one generation but to disappear in another like chaff before the driving wind. But there have been left after these thorough winnowings some golden truths, and the treasure-house is being slowly but surely enriched by the garnerings of the ages.

He complimented the profession on the growing number of original workers, and on the consequent improved quality of the literature of the profession. He declared that probably no year in the history of medicine had witnessed as much original work as had the year just ended or seen a better periodical literature.

In referring to the labors of Koch, he maintained that while the tubercle bacillus undoubtedly existed, the question whether it was an effect or a cause of tuberculosis, still remained unsettled, and that it will continue to so remain until a means is discovered of destroying it without injury to the tissues.

He called on the profession to take some action looking toward a restoration of the evils which attend the sale of proprietary medicines, and suggested a somewhat doctrinaire method of ridding the country of this curse.

He touched pointedly on the evils of a combination of the teacher and examining power in our colleges, and suggested the creation of a central bureau to whom should be relegated the examining and licensing power.

The address was in the main pithy and practical.

Dr. J. K. Bartlett, of Wisconsin, Chairman of the Section on Obstetrics and Diseases of Women, not being in attendance, his address was read for him by Dr. Senn, of Milwaukee. He criticized Emmett's operation as a routine procedure, stating that experience has shown that undue importance has been attached to the lesion which it is designed to overcome, and that it fails to uniformly work the relief contemplated. A more definite understanding of the conditions requiring its performance is demanded.

Of Battey's operation, he said that most of the indications which have been claimed to warrant it, are now generally admitted. There is still some diversity of opinion concerning its value in epilepsy, hystero-epilepsy and mania, seemingly dependent on or associated with ovarian troubles.

He discussed the employment of electricity as a means of destroying the fœtus in extra-uterine pregnancy and illustrated its value by the report of several cases.

In regard to transfusion in post-partum hæmorrhage he had concluded that while it is theoretically valuable it is practically unsatisfactory. He related cases in which milk and saline solutions had been employed instead of blood, with benefit.

On the whole, he believed that more harm than good was being done by the use of the obstetric forceps. He referred with keen sarcasm to the ingenuity of man in devising mechanical contrivances for the emptying of the human uterus, and would not be surprised at any time to hear of the introduction of a one-horse electro-motor power, so arranged as to do the pulling, and thus save the obstetrician as well as the mother any exertion.

He gave his own experience in the use of ergot in labor. He had employed it for many years where the second stage was retarded by insufficient contractions and where no pelvic obstacle existed, and he regards it as a valuable resource and devoid of danger in such cases.

His opinion of anæsthetics in labor may be inferred from the statement with which he concluded his reference to this subject. If an anæsthetic ever produced post-partum hæmorrhage, injury to the child, or other than beneficial results, experience tells us it must be due to the impurity of the anæsthetic employed, or to want of that experience and discretion which is necessary not only here but in the use of all therapeutic measures employed for the relief of human suffering.

Dr. Bartlett concluded his eminently able paper with a plea for greater attention to constitutional treatment in pelvic disease than is fashionable in these days of rampant specialism. "No one," he said, "who has not received thorough training in general medicine, and has not tested, confirmed and enlarged his natural thought through many years of general practice, is fitted for a specialist. When medical gynecology is thus studied and practiced, aided by larger general, local, therapeutic and hygienic resources, which such research in time will develop, the clearer and surer will be the diagnosis which the future will bring, and the time will come when the present brilliant triumphs of the surgical gynecologist will grow pale before the achievements of his medical co-worker."

The address was received with great applause.

Dr. Toner presented his report on necrology, and the general session adjourned till the following day.

THURSDAY, JUNE 7TH.

The meeting opened at 9:30 A. M. by the reading of a scriptural lesson and a prayer by the Rev. N. S. Rulison.

The secretary announced that the president had

appointed certain gentlemen as delegates to the British Medical Association and other scientific bodies in Europe.

Dr. Keller, of Arkansas, called up an amendment to the by-laws offered by him last year, giving power to the association, through the committee on nominations, to fix the time and place of meetings, and moved its adoption. The motion was seconded and the amendment was adopted.

Dr. D. H. Bachelor, of Rhode Island, offered the following:

Whereas, In the opinion of this association the laws of almost every state are too lax in regard to the sale of toxical agents, by which suicidal deaths are made easy; therefore,

Resolved and voted, That there be appointed by the president one or more persons or members from each of the states, who shall be members of this association, to confer with the legislature of each of the states, by petition or otherwise, for the enactment of more stringent laws in relation to the sale of all toxical agents.

The resolution was unanimously adopted.

The following resolution was offered by Dr. Foster Pratt, of Michigan:

Resolved, That the labors of Dr. William Farr, of England (recently deceased), in the organization, classification, and compilation of vital statistics—labors begun in 1838, and afterward perseveringly, wisely, and ably continued by him for nearly half a century—are recognized by the medical profession of the United States as an enduring monument to his ability and learning as a physician; as the real initiation and foundation of our own sanitary work; and as a perpetual blessing to present to future generations of our universal humanity, entitling his name and fame to stand with that of the great men whose genius and labors have resulted in beneficial revolutions of the medical, surgical, and sanitary thought and activities of the civilized world.

The resolution as read was adopted.

Dr. S. D. Gross, of Pennsylvania, offered a preamble and resolution arguing the value of nursing, and pledging the association to the encouragement of training schools for nurses. Adopted.

Dr. Walter Hay, of Illinois, offered a resolution providing for the formation of a special section in psychological medicine. Laid over under the rules for one year.

Dr. N. S. Davis, of Illinois, next presented the report of the standing committee on atmospheric or meteorological conditions and their relations to prevalence of acute diseases.

Dr. Reed, of Iowa, offered a resolution extending the sympathy of the association to the wife and family of Dr. J. C. Hubbard, of Ashtabula, Ohio, who died while in attendance upon the meeting. It was adopted.

Dr. Pollak, of St. Louis, at the request of the St. Louis Medical Society, offered the following:

A code of ethics is considered essential for such an organization as the American Medical Association, and is equal in importance to the written law of a community. Associations and communities can only be ruled by laws which are made for themselves and by themselves But the best laws became oppressive and inoperative when the conditions changed which called for their enactment.

A revision and change of such laws becomes then imperative, as is so frequently instanced by the changes of the Constitution of the United States, and of that of every state in the Union. Municipal and corporation charters are changed by the will of the government, which delegate that power to their representatives.

The code of ethics has an existence coeval with the organization of the American Medical Association. It was absolutely necessary then, and it can not be entirely dispensed with now. But in thirty-four years this country has presented so many phases in its development and progress that new laws are being constantly enacted, and old laws are repealed or modified to suit the requirements of the times.

The code has accomplished all it was designed it should, but at present many of its features are obsolete, and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and can not be repressed much longer. The American Medical Association alone has the right and the power to order a revision; all other medical organizations in affiliation with it can only respectfully ask for it. The time has come when the loud and very soon universal call should be heeded. The excitement and the evil consequences of a schism can be easily averted now, and harmony and fraternal feeling may once more be restored among the members of the medical profession. Therefore

Resolved, first, That the American Medical Association be respectfully requested to appoint a committee of one member from each state for the purpose of taking into consideration the propriety and advisability of a revision of the code of ethics, and to report thereon at the meeting of 1884.

Second, That the committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884.

This was tabled under the rule for one year.

Dr. Wm. Brodie, of Michigan, offered the following resolution:

Resolved, That all papers to be read before the different sections shall, before their reading, have the approval of the chairman of the same.

Dr. Keller moved that the resolution be laid on the table. Carried.

Dr. W. F. Peck, of Iowa, chairman of the section on surgery and anatomy, delivered his address. He said that in reporting upon the progress made in surgical science it is recognized that many theories are at present announced as facts which, when experience and demonstration shall have thoroughly tested them, may be eliminated, perhaps to reappear when the cycle of professional experience again completes its revolution.

Since Colnheim gave to the profession, in a complete and formulated manner, the character and importance of the colorless corpuscle in pathological changes, strenuous efforts have been put forth by

Pasteur, Koch, and others to unfold the importance of the bacterial germs which, according to demonstrations by Oliver and others, have a normal existence in the blood, the lymph, and the tissues of the body. The surgeon is much interested in these investigations, because of the important statements made by eminent teachers concerning the origin and nature of some forms of articular disease, also the peculiar degeneration which takes place in bone and grandnlar structures. The interest does not stop with these tissues, for underneath it all the germ theory, which is thought by many excellent mcn to deal with the greatest of all causes for engendering infectious inflammations, pyæmia, septicæmia, abscess, gangrene, etc., receives a support which, if sustained, will tend to give new and more efficient reasons for the use of antiscpticism in practice. It can not be admitted that practical surgery has thus far been directly benefited by Koch's views.

The condition of the problem of the management of wounds and other pathological processes by means of the so-called antiseptic methods suggests a move in the direction of greater confidence in the details of operative procedure, and scrupnlous attention to extreme cleanliness in the minutiæ of practice. Within the year the antiseptic methods of wound manipulation have been regarded as embracing the spray, the fixed and intimate relations of fresh surfaces, rest, pure air surroundings, and, when practicable, drainage. While it is admitted that most of the leading surgeons of England are thoroughly wedded to the antiseptic treatment of wounds, there are to be found not a few excellent teachers who reverently believe that nature, under wise assistance from the surgeon, will do more to save life and limb than the surgeon can do who depends upon strict antisepticism.

It is apparent that the "lost art of blood-letting" in the treatment of inflammation is being reclaimed, and that its induction into a legitimate position among other remedies of conceded value is fast taking place.

The paper continued with a discussion of the status of the operations of gastrotomy, laparotomy, nephrorrhaphy, etc. It was an admirable resumè of the progress of the past year.

The address by the chairman of the section on State Medicine, Dr. Foster Pratt, of Michigan, followed. The speaker made brief reference to the various topics assigned to his section, stating that psychology, insanity, medical jurisprudence, and medical expert evidence had each received during the year the attention to which they were severally entitled, adding that there had been no noteworthy advance in any of them, and asking the question, which was suggested by recent pathological inquiries, What, if anthing, may be done by systematic effort to prevent insanity? He further stated that expert medical testimony occupied an uncomfortable and undignified relation to American law and practice, for which at present there did not seem to be any hope of relief, and suggested that, when our law of trials permitted courts to determine who were experts, and call them to testify for science, relieving them from the appearance of testifying for one side or the other, their evidence would command, more thoroughly than now, the respect and confidence of courts, juries, the parties, and the people. He proposed to apply some other term to his section than state medicine, as the present term required elaborate explanation, adding that, perhaps, by calling it the section of public health, its nature would be more clearly defined; but names, titles, and designations, whether fortunate or unfortunate, had not prevented, and would not prevent, the progress of this latest manifestation of medical philanthropy.

The speaker referred to the recent discoveries of the tubercle bacillus and to the evidence produced, that it was the specific germ by which tubercular phthisis was produced and might be transmitted, and, in closing, said we seemed, indeed, to be on the eve of great discoveries in ætiology and pathology which without doubt must greatly increase our practical knowledge and improve our treatment of many important maladies. As medical practitioners, if we could not individually help to hasten the anticipated result, we could help to swell the multitude who were anxiously waiting for it. But as medico-legal sanitarians, impatiently waiting for newly and firmly established truth, on which to build improved hygienic and sanitary methods, we, metaphorically, held our breath.

During the reading of this paper the speaker was frequently interrupted with applause.

The treasurer, Dr. Richard J. Dunglison, of Pennsylvania, submitted his report, showing a balance on hand of $903.93. The report was accepted.

The librarian, Dr. C. H. A. Kleinschmidt, of the District of Columbia, reported that the whole number of volumes and pamphlets in the library of the association was 5,713, and recommended that home and foreign exchanges be requested to contribute their publications; and, further, that a hundred dollars be placed at his disposal for the purpose of replacing the binding of books. This report was also accepted.

The committee on nominations then reported the following: President, Austin Flint, Sr., of New York; vice-presidents, R. A. Kinlock, of South Carolina; T. B. Lester, of Missouri; A. L. Gihon, of the navy; S. C. Gordon, of Maine; treasurer R. J. Dunglison, of Pennsylvania; librarian, C. H. A. Kleinschmidt, of the District of Columbia. The place of meeting for 1884, Washington, on the first Tuesday of May.

The names of the chairman and secretaries of the various sections were then read as follows: Practice of Medicine—Chairman, J. V. Shoemaker, of Pennsylvania; secretary, W. C. Wile, of Connecticut. Obstetrics and Diseases of Women—Chairman, T. A. Reamy, of Ohio; secretary, J. T. Jelks, of Arkansas. Surgery and Anatomy—Chairman, C. D. Parkes, of Illinois; secretary, H. O Walker, of Michigan. Ophthalmology, Otology

and Laryngology—Chairman, J. J. Chisholm, of Maryland; secretary, Thompson, of Indiana. Diseases of Children—Chairman, William Lee, of Maryland; secretary, W. R. Tipton, of New Mexico. Dental and Oral Surgery—Chairman, T. W. Brophy, of Illinois; secretary, John S. Marshall, of Illinois. State Medicine—Chairman, D. J. Roberts, of Tennessee; secretary, Franzoni, of the District of Columbia. The committee on State Medicine consists of one member from each state of the Union, as follows: Alabama, Jerome Cothran; Arkansas, J. J. McAlmont; California, W. F. McDermott; Colorado, Charles Dennison; Connecticut, C. W. Chamberlain; Dakota Territory, J. B. Van Nelsor; Georgia, J. P. Logan; Illinois, O. C. De Wolf; Indiana, George Sutton; Iowa, W. S. Robertson; Kansas, D. W. Stormont; Kentucky, J. P. Thomson; Louisiana, S. C. Chaillé; Maine, S. H. Weeks; Maryland, John Morris; Massachusetts, H. I. Bowditch; Michigan, F. K. Owen; Minnesota, C. N. Hewitt; New Mexico, M. M. Milligan; District of Columbia, S. Townshend; Deleware, L. P. Bush; Origon, H. Carpenter; Mississippi, H. H. Gault; Missouri, Lester Hall; Nebraska, L. B. Larsh; New York, E. M. Moore; New Jersey, Ezra M. Hunt; North Carolina, James McKee; Ohio, T. L. Neal; Pennsylvania, R. J. Dunglison; Rhode Island, C. H. Fisher; Tennessee, C. C. Fite; Texas, Thomas C. Wooten; Vermont, S. W. Thayer; Virginia, J. L. Cabell; West Virginia, Moffit; Wisconsin, J. T. Reeve; the Army, J. R. Smith; the Navy, J. M. Brown; the Marine Hospital Service, P. H Bailhache; South Carolina, Manning Simmons.

Dr. Didama, of New York, a member of the nominating committee, read a letter from the president elect, in which he accepted the election.

The secretary read a letter from Dr. A. L. Gihon, of the navy, which stated that he was a firm believer in the code of ethics in all its parts.

President Atlee here tendered his thanks to the ladies for the beautiful basket of flowers sent him

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FRIDAY, June 8th.

Association called to order at 9:30 A. M. by the president. Prayer by Rev. C. T. Collins.

Amendment providing for representation from Medical Bureau United States Indian Service was laid upon the table.

Dr. Toner withdrew his proposed amendment that the offiee of permanent secretary be vacated.

The proposed amendment to allow the chairmen and secretaries of sections to add earnest workers, and that the librarian be made a permanent officer, was laid upon the table.

The proposed amendment to allow permanent members to vote gave rise to discussion, and finally the whole subject was indefinitely postponed.

Dr. Davis, from the judicial council, reported that the petition of D. W. Day be returned, with leave to supplement the paper with a written statement of the character of the new evidence he proposed to introduce. Further, that in the case of D. H. Goodwillie, of New York, the council decided, that his registration be cancelled, and the annual dues be returned.

Dr. Turnbull offered a resolution that the legislature of each state be petitioned to pass laws requiring railroad employees to be examined regarding their hearing before taking charge of any railroad train. Referred to section on otology.

Dr. Pratt offered a resolution, that being impressed with the importance of the Parliamentary Bills Committee of the British Medical Association, the American Medical Association urge upon Congress the subject of competent medical sanitary service on board all transatlantic ocean vessels; that a committee of five he appointed to report on the subject at the next session. Adopted.

Dr. Bell, of New York, offered a resolution that all papers hereafter offered, exeept the address of the president and the chairmen of sections, shall be first referred to the trustees of the Journal for classification and appropriate reference. This gave rise to discussion, and finally was tabled.

The president announced as the committee to further Dr. Pratt's resolution, Drs. Bell, Gibson, Marcy, Quimby and H. H. Smith.

Dr. Brodie moved resolutions of respect to the memory and labor of the late General J. K. Barnes. Adopted.

Dr. Keller offered a resolution that in the near future cremation will become a necessity in large cities and populous districts in the country, and asked that it be referred to the section on hygiene. Carried.

The president appointed the following delegates to the Canadian Medical Association: Drs. W Brodie and H. O. Walker.

Dr. Toner moved the thanks of the association to the secretary and treasurer for the effieient and satisfactory manner in which they have discharged their duties. Adopted.

Dr. Blount, chairman of the Section on Diseases of Children, was granted the privilege of submitting his address without reading.

Dr. Quimby offered the usual resolution of thanks to the committee of arrangements and citizens of Cleveland for their entertainments, which was unanimously adopted.

The president invited the vice-presidents elect to the platform, made a few remarks complimentary to the president elect, bade the association an affectionate farewell, after which Dr. Lester, of Kansas City, second viee-president, took the chair, and declared the association adjourned, to meet on the first Tuesday in May, 1884, at Washington, D. C.

The following is condensed from an admirable synoptical report of the meetings of the various seetions as given by the Medical Record.

SECTION OF PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

TUESDAY, JUNE 5TH—FIRST DAY

The section was called to order at three o'clock P

M. Dr. J. H. Hollister, of Illinois, Chairman, and Dr. J. G. Lee, of Philadelphia, Secretary.

Dr. Robt. D. Murray, of the U. S. Marine Hospital Service, presented a paper on

Yellow Fever.—Dr. Murray being unavoidably absent, his paper was read by Dr. F. W. Miller, of Chicago, also of the Marine Hospital Service. The author advocated putting the patient at once to bed and giving a warm-water bath. Mental tranquillity must be obtained by whatever means. He laid emphatic stress on absolute quiet of both body and mind. The symptoms should be treated with the usual remedies, but very cautiously. Diet must be light, and after a few days tonic; to stop vomiting he employed charcoal early and placed a little ice in the patient's mouth.

Dr. Campbell, of Augusta, Ga., advised bloodletting in yellow fever patients. The patient should also be thoroughly vomited with hot water.

The discussion which ensued was participated in by Dr. Elliott, of Pennsylvania, who put his patients to bed immediately, but did not approve of bleeding them; Dr. Bell, of New York, who coincided with Dr. Murray's treatment; Dr. Franklin, of Ohio depleted such patients with calomel instead of the lancet: Dr. J. B. Hamilton, of the Marine Hospital Service, who advised strict quarantine.

The section then adjourned, to meet on Wednesday at 2:30 P. M.

WEDNESDAY, JUNE 6TH— SECOND DAY.

The section was called to order by the Chairman, Dr. Hollister, at 3 P. M.

Dr. Thomas N. Reynolds, of Detroit, Mich., read a paper on

The Alimentary Canal in Bronchitis and Phthisis.—He argued that the abnormal condition of the alimentary canal and portal and lacteal systems was often the predisposing cause of both acute and chronic affections in all parts of the respiratory apparatus. Acute tracheo-bronchitis was often caused by excess in the dietary, with proportionately incomplete waste elimination. In view of this fact in such cases the treatment should be prompt evacuation of the bowels and restriction of the diet to a light liquid form. Necessary quiet and warmth of the surface should be maintained, but the atmosphere of the room should not be too warm. The cathartic, hot drinks and warm surface produced a revulsion of nervous energy from the inflamed part to the bowels, kidneys, and skin. He deprecated the use of ordinary cough mixtures to the exclusion of this more rational treatment. Morphine, quinine, aconite, and veratrum viride were the more usually appropriate remedies in the first stage, but did not equal the treatment without drugs to which he referred. Derangement of the primæ and secundæ was still more causative of chronic bronchitis, and treatment should have reference to this fact.

When purulent, quinine was the best remedy in connection with the management pertaining to ingestion and elimination. It was not wise to press stimulants and strong nourishment when not readily digested. Clothing should be sufficient but not excessive. A common mistake was wearing too much on the chest. He had a few times seen striking improvements in expectoration in those going about from removing two or three extra undershirts and a chamois leather lung protector. Physical exercise, involving free use of the lungs, restored wonderfully their normal elasticity after an attack. It dissipated thickening and adhesions just as continued free motion dissipated the thickening and adhesions from around a recently inflamed joint. Catarrhal fibroid phthisis most frequently were the result of neglected chronic bronchitis and should be treated in much the same way, not by cod-liver oil or any other supposed specific alone, especially if they interfered with digestion, but quinine was useful in lowering the temperature and lessening the secretion of pus. The patient should cultivate an out-door life with plenty of physical exercise and wholesome mental occupation.

Under this régime digestion and tissue-building soon went on properly, cavities often healed, and recovery became complete. Any region free from malaria or unwholesome emanations, with a temperature permitting constant out-door life, would answer for a resort. Tubercular phthisis had sometimes seemed to be excited in those of tubercular family history by neglected bronchitis, in those of constipated habit, and with general defective elimination, and who lived an inactive in-door life. In dyspepsia with constipation, and septic fermentation of the ingesta, it seemed probable that the septic product might be carried by the portal and lacteal vessels directly to the capillaries of the lungs, and be there sometimes auxiliary in causing bronchitis and phthisis in any or all of their forms.

Dr. W. F. Belfield, of Illinois, followed with a paper on "The Germ Theory of Disease, with Micro-Photographic Illustrations." The paper was briefly discussed by Drs. Austin Flint, Jr., of New York City, and A. B. Palmer, of Ann Arbor, Michigan.

Dr. John V. Shoemaker, of Philadelphia, read a very interesting paper on

Mechanical Remedies in the Treatment of Skin Diseases.—These remedies were massage, compression, blood-letting, incision, excision, enucleation, scooping, scraping, setons and cauterization.

The use of massage in certain morbid conditions of the integument, when properly applied, is often followed with marked beneficial changes, and, at times, with complete restoration of the part to its natural state. Massage not only acts in this way locally, but by its indirect effect, when used generally, will add tone and vigor to the entire system. Direct as well as indirect action of this powerfully mechanical remedy can thus be put into execution, both for its local and its constitutional effect in many skin affections. Massage, if employed in its original sense, would simply imply kneading. It has now a wider and more general use, and includes as well a group of procedures known as friction, pinching manipulations, rolling, and percussion of the different external parts of the body. It can be done

with the hand or with the additional aid of some fatty substance, a coarse towel, a hair mitten, or brush. It may be performed also by means of ingenious machines that are now perfected and arranged for doing what the most skillful manipulator can do with his hands. The first, and perhaps the most common form of massage used in the treatment of skin diseases is friction. Friction can be employed upon the integument either by patients themselves or by a manipulator.

In the dry form of seborrhœa, particularly of the scaly, and in thinning and loss of hair, frictional massage used with moderation stimulates and augments the sluggish circulation, furthers absorption, and imparts tone and vigor to the scalp and hair. In indurated acne and in glandular swellings it arouses the activity of the sluggish and choked-up absorbent vessels, and thus relieves the glandular congestion, and the skin again becomes normal, in being soft, supple and elastic, and free from these lesions. It not only has a local beneficial influence upon the class of affections just named, but likewise often removes or assists in removing, when used over the trunk, many gastric and intestinal disorders which very often keep up the cutaneous irritation. This general effect of frictional massage he had witnessed again and again, in relieving and curing constipation and other functional derangements, which were very often active factors in keeping up acne, rosacea, hyperidrosis, seborrhœa, urticaria and eczema. It was often efficacious in removing scars, and in cases in which the pigment of the skin was either in excess or deficient in quantity stimulating to renewed activity the absorbents, and assisting again in restoring the parts to their natural state. Massage was an invaluable agent in certain neuroses, and especially in neuralgia and perverted sensibility.

Compression is a most important adjunct in the treatment of herpes, herpes zoster, urticaria, furuncular and glandular affections, erythema and eczema. In acute eczema it soothed muscular irritation, toned up the dilated capillarics and prevented the escape of serosity into the tissues. Again in subacute and chronic eczema it enabled the vessels to remove poured-out products, protected the denuded surface, and excluded the air, which was very stimulating to inflamed and irritable parts, and so moderated diseased action. The doctor here showed a new woven gum-bandage which he has been using in place of ordinary gum bandages, and spoke of its great advantage over the latter for making systematic compression in eczema and other skin affections. In chronic eczema of either the superior or inferior extremity, the use of water or oil dressings and local medication, combined with systematic pressure with the bandage, would generally afford a most excellent result.

Referring to blood-letting, he remarked that the abstraction of blood either as a local or general measure was one of the most powerful anti-phlogistic remedies that could be resorted to in the treatment of skin diseases. It was both a speedy and efficient means of combatting and arresting morbid changes of the integuments. It was especially applicable in chronic conditions after medicinal agents had been exhausted in vain attempts to cure many eruptive diseases. Blood might be abstracted either locally from the capillaries or generally from a vein or an artery. In the treatment of cutaneous affections by means of blood-letting, local depletion should be used in the great majority of cases, general blood-letting only being resorted to in very rare instances. Topical blood-letting might be performed by puncturing, scarification and leeching. The doctor then dwelt upon the abstraction of blood in various diseases, and exhibited his new dermatome and other appliances. Concluding, he spoke also of the great value of the other mechanical means mentioned.

THURSDAY, June 7th.

The first paper was by Dr. J. Solis Cohen, of Philadelphia, on

The Elements of Prognosis and Therapeutics of Laryngeal Tuberculosis.—While acknowledging the truth that the prognosis is always unfavorable in tuberculosis of the larynx, it may be maintained that it is less so in some cases than in others. After citing several cases, he discussed a number of acute varieties occurring in his own practice. "I have reason to believe," said the speaker, "that the course of certain forms of tuberculosis of the larynx may be retarded to such an extent in occasional instances as to start the patient on the road to recovery."

Dr. H. A. Martin, of Massachussetts, spoke on

Vaccination and Propagation of Vaccine Virus.—He recommended physicians to procure virus from young heifers, not because they are cheaper, but on account of their perfect health. The quantity of virus that can be taken from an animal varies very much. It can be used only once. He had introduced animal vaccination in this country, and would like to see it succeed. He did not speak against the use of vaccine from the arm of a patient, but thought it utterly impossible to secure the desired quantity of it.

(Continued in our next.)

MAY THE PROFESSION DEFY PUBLIC SENTIMENT? —This question is, in our opinion, a very timely one. Independence and firmness are commendable traits in a man, and are universally admired. They, however, merge imperceptibly into obstinacy, than which there are few mental peculiarities more to be condemned or more universally detested When, therefore, the man who prides himself in his firmness and independence finds himself in bad odor among his fellows and on friendly terms only with those whose interests are subserved through seeming friendship, he will, if he be not a slave to and blinded by his folly, practice a little candid introspection and inquire into the cause of his ill repute, with a view to removing it in so far as he may consistently with the higher standard of manhood. In this great school of experience some men learn its wholesome lessons sooner than others, and some

there are who never learn them. He who is the most apt scholar soonest becomes the happiest man, and the centre of good influence.

We believe there will be found very few who will seek to controvert the above statement. May its application not be extended from a single man to a body of men? If so, let it for the nonce, extend to that body to whom the medical profession (regular) of this country have delegated the authority and power to fix the standard of ethical propriety, to wit, the American Medical Association, or, more properly speaking, to its Judicial Council, that small committee of "firm and independent" men on whom the association has conferred arbitrary power in all matters of ethics. We are oppressed with an overpowering sense of our impertinence in thus, even remotely, suggesting the possibility of fallibility in the fiats of this council; but, even at the risk of having the charge of Ishmaelitism again hurled at us by one of its number, we must continue obstinate enough to insist that infallibility is not an attribute of human nature. We are pledged to obey the mandates of the Judicial Council, and shall preserve our pledge inviolate as long as we remain a member of the regular profession, which, we trust, will be while life lasts. This pledge, however, carries with it no obligation to be silent under abuses. If it did, there are thousands in the ranks who are patiently waiting and quietly working for reform, who would absolve themselves instanter.

An answer to the question which heads these remarks presupposes the profession to be as one man having to do with the great public. No one among the public can gainsay the firmness and independence of the profession as a whole, in the matter of observance of the standard of ethics which it set up some forty years ago. No one, moreover, but will admire its faithfulness to that standard. Is it not time, however, to inquire whether the almost universal condemnation and ridicule which the public is showering on that standard, does not suggest a necessity for its revision with a view to conforming it to the spirit of the age, with which spirit the expressions of public opinion show it to be in conflict? And does not the persistence of the American Medical Association in refusing to recognize the public sentiment in this matter, suggest a suspicion that its firmness and independence have degenerated into obstinacy?

As a sample of the bitter and contemptuous comments which the public press is making on certain actions of the late meeting, at Cleveland, we give the following from the New York Times: "The labors of the American Medical Association were crowned at its final session by the expulsion of Dr. Goodwillie, of this city, upon the express ground that he adhered to the Code of Ethics of the New York State Society. In other words, a physician whose standing is not challenged in any other respect, is declared unworthy of professional association because he reserves the right to attend a patient in consultation with an 'irregular' physician of the patient's own choosing, whenever, in his judgment, any emergency requires him to do so. And this reservation is regarded as the violation of the code of 'ethics.' The doctors who take this view would appear to be cruel bigots if they did not present so much more prominently the aspect of simple geese. This is not the spirit of a learned profession; it is the spirit of an ignorant trades-union, bent on punishing the 'rats.' The men who made it and who adhere to it must believe not so much that it is the business of physicians to heal the sick, as that it is the business of the sick to furnish constant and remunerative employment to a carefully limited number of 'regular' physicians."

This is somewhat forcible and we quote it not so much as an expression of our sentiments, as an index of the sentiment of the public. Is it wisdom or policy to ignore such sentiment? The association did what was perfectly consistent in expelling Dr. Goodwillie as it also did in expelling the delegates from the New York State Medical Society. These gentlemen violated their pledge to the Code and their expulsion was perfectly proper. "But," in the language of the Medical Record, "to refuse to consider that there is anything wrong in a set of by-laws which excludes several thousands of reputable and hundreds of eminent physicians, this naturally excites criticism."

THE REAL LORD BYRON.—The Lancet notices a recent book with the above title, by Mr. Jeaffreson, in which are noted certain facts in the life of its mysterious subject which are not generally familiar. Many of these facts have especial interest to the medical man. It is stated among these that Catherine Gordon was attended at her accouchement when Byron was born, by John Hunter. This is the first intimation on record that the great surgeon ever acted in this capacity. The poet is generally supposed to have been clubbed-footed (and it has even been alleged that he had cloven feet). Mr. Jeaffreson denies that he had talipes in the ordinary acceptation of the term. He had a shortening of the tendo Achilles on each foot, the shortening being slightly more pronounced on the right than on the left side. This obliged him to wear a high-heeled boot, and interfered with his participation in the athletic games of which he was passionately fond in after life.

In the early part of his life, Lord Byron was so excessively fat as to be actually ugly. To remove this he resorted to the most extreme fasting, living on biscuits and soda water as an almost exclusive diet, and dosing himself profusely with Epson salts. By these means he brought about in himself a "beauty that became proverbial." His present biographer states that his starvation and drastic depletion quickened his brain to such a degree that the man of intellect for the first time knew himself to be something far higher than a man of mere intellect. "The goads and whips of the regimen had affected the nervous system so that he had become a man of genius. Byron himself remarks in one of his journals, that "a dose of salts has the

effect of a temporary inebriation, like light champagne on me." Through all his life his rule was to "live low in order to think high." Occasionally, however, he broke through his restraints and he had many vicious habits. He chewed tobacco, although he did not smoke; he was a laudanum drinker, and during his deprivation for a period at Venice, he was for some months a sot in his use of spirits.

The life of Byron has nothing in it of the model order. It was, on the contrary, a terrible life—from its beginning to its end it was a life of selfishness and degraded ambition. Psychologically it is a study as mysterious as that of Hamlet; physiologically it is a study from which even the practice of physic may profit; it presents a self-inflicted experiment on a human being as if to teach what an obese and degenerate body will bear in the way of discipline, and what cure might be effected in such a one by heroic measures of depletive treatment.

The account given of the treatment which Byron received during his last illness is scarcely credible at this day. The biographer characterizes the attendants as "two youthful and incompetent doctors," Bruno and Millingen, who "did their best and their worst." He had been living, by his own rule, for five weeks on toast and tea, and then giving way to the importunity of his medical advisers, he consented to be bled (April 16, 1824). Throwing out his arm and casting at the two the fiercest look of vexation, he said: "There! you are, I see, a damned set of butchers! Take as much blood as you like, and have done with it." They took 20 ounces at the first bleeding, and next day they repeated the operation twice and put blisters above the knee. In spite of this he lived on, and on the 18th actually rose from his bed and tottered into an adjoining room, where he amused himself for a few minutes with a book and then returned to bed. In the afternoon he was given an anodyne. At 6 o'clock he uttered his last intelligible words: "Now I shall go to sleep." He slept for 24 hours, when he opened his eyes again and instantly closed them for ever.

To bleed a fasting man three times in 24 hours, then blister him and afterwards give him narcotics, would be held as manslaughter to-day. Contrast this practice with that of to-day and we get a conception of the advances we have made in half a century.

LACROSSE.—We recently witnessed a game of lacrosse, an athletic sport originating with the Indians of this country, now the national game of Canada, and sought to be popularized in the United States. It is played with a ball and bat, the latter being a stick about four feet in length, crooked like a walking-stick at the end and the space enclosed by the crook, which is about a foot in diameter, covered with a netting made of strips of rawhide. The ball is started at the center of a field at each end of which is a goal for the respective sides, and consisting of two upright sticks set about six feet apart, through which it is the end of the game to put the ball. There are twelve players on each side and the contest is a very exciting one, being one which calls for fleetness of foot, dexterity in catching the ball in the netting and ability to retain it against the assaults of the opposing players, until an opportunity presents for throwing it towards the goal or into the lacrosse stick of a player on the same side. The throwing is done exclusively with the lacrosse stick, the player under no circumstances being allowed to touch the ball with his hands.

The game is one which, in a stubbornly contested match, taxes the endurance of the players to the utmost. In the attempts, too, of the opposing player to dislodge the ball from his antagonist's stick, there is great liability of his inflicting injury by blows aimed at the ball. For these three reasons, chiefly, lacrosse is a game against the general introduction of which it behooves the medical profession to protest. While it affords an excellent opportunity for the display of qualities the cultivation of which should be encouraged, it cannot but prove very injurious to those in whom the qualities have not been previously developed by a proper course of training.

The true purpose of a game is to develop the player, and one which requires full development before it can be participated in is manifestly not adapted to this end. Lacrosse is preëminently a game of the latter sort, and to allow young men who have not been carefully trained to play it, cannot but be dangerous, and the danger is greatly enhanced in the case of those of sedentary habits, whose leisure permits of but a short period of outdoor exercise. In the match which we witnessed the participants were young men who had previously practiced the game for some weeks in anticipation of the contest, and still the casualties amounted to three cases of syncope and a scalp wound. Base ball and cricket do not call for a tithe of the expenditure of wind and energy that is demanded in a game of lacrosse, and these games have been objected to on very sufficient physiological grounds. As a game for Indians in their native state, or for professionals, who have been properly fitted for it, it is not so objectionable; but its adoption as a popular game could not but be followed by a prevalence of the heart strain, hypertrophy, dilatation and other evils which are the acknowledged results of long-continued excessive exertion in those not specially fitted for the task. It should be condemned by the physicians of every community into which it is sought to be introduced.

TESTAMENTARY ABILITY.—Of all unseemly legal squabbles that held over the remains of the man whose will does not suit his heirs is the most unseemly. The frequent outcome of these squabbles, moreover, is beginning to make it one of the surest evidences of a man's being *non compos mentis* when he fails to distribute his property share and share alike among his family. The testimony adduced in contested will cases to bolster up the hypothesis of mental incompetency on the part of the testator is frequently ludicrous in the extreme, and not the

least ludicrous sometimes comes from the medical witnesses in answer to hypothetical questions. We have heard a graduate of less than a year's standing to give the most unequivocal testimony calculated to establish the incapacity to make a will, in the case of a testator who up to the very hour of his death conducted a business amounting to millions of dollars a year. This was, of course, an exceptional case, but the difference, on the score of inconsistency, between it and the every day testimony of the general practitioner who assumes to be an authority on all diseases, from crapulent colic to the most subtle changes in the mind, is rather of degree than kind. It is very natural that such court scenes as these should stimulate common sense men to devise some means whereby they may be avoided, and the last session of our state legislature grappled with the subject most successfully. Under a law which it passed, a man may appear in court is his own person on the date of his making his will, and have his testamentary capacity adjudicated on. Should there be any objectors they will there and then have an opportunity to adduce evidence tending to establish his intellectual unsoundness, and failing to do this they must "forever after hold their peace." In order to have this question decided purely on its merits the nature of the will shall not be revealed and the heirs are thus ignorant of the provisions made for them. Should the testator convince the judge that he is of sound mind he may wrap the drapery of his couch about him and lay him down to quite dreams, and without a fear of his wishes being controverted by the machinations of his very estimable friends, the gentlemen of the legal profession. That the latter should have allowed any such bill to become law must be accounted for only on the supposition that their opposition to it would but have assisted in its passage. This law while cutting the lawyers out of many a fat fee, will at the same time remove a fruitful opportunity for medical experts to exhibit themselves and the profundity of their knowledge of mental processes, on the witness stand. Barring these two objections the law must be conceded to be a good one.

Calomel in Croup—Colchicum in Gout.—Dr. John H. Trent, of Brooklyn, N. Y., favors us with the following brief extracts from the life of the famous Sidney Smith:

"A few months after the birth of his daughter, he went to the sea-side for his health, where but for his courage and firmness, he would have lost her in a way he had not anticipated. When only six months old, she fell ill of the croup, with such volume that it defied all the remedies employed by the best medical men there. The danger increased with every hour. Dr. Hamilton, one of the most eminent medical men in Edingurgh, was sent for; he could not come, but said, 'Persevere in giving two grains of calomel every hour; I never knew it to fail.' It was given for 11 hours. The child grew worse and worse. The medical man in attendance then said, 'I dare give no more; the child must die. I can do no more, but at this age I would not venture to give more calomel to my own child.' 'You said you can do no more. Hamilton says 'Persevere;' I will take the responsibility; I will give it to her myself.' He gave it, and the child was saved.

"I am suffering from my old complaint, the 'hay-fever,' as it is called. My fear is perishing by deliquescence. I melt away in nasal and lachrymal profluvia. My remedies are warm pediluvia, cathartics, topical application of a watery solution of opium to eyes, ears and the interior of the nostrils. The membrane is so irritated that light, dust, contradiction, an absurd remark, the sight of a dissenter—anything, sets me sneezing; and if I begin sneezing at 12, I don't leave off till 2 o'clock, and I am heard distinctly in Taunton, when the wind sets that way, a distance of six miles. Turn your mind to this little curse. If consumption is too powerful for physicians, at least they should not suffer themselves to be outwitted by such little upstart disorders as the hay fever.

"On observing some autumn crocus in flower, he stopped. 'There,' he said, 'who would guess the virtue of that little plant? But I find the power of colchicum so great that if I feel a little gout coming on, I go into the garden and hold out my toe to that plant and it gets well directly. I never do more without orders from headquarters.'"

Obstinate Sciatica Cured by Bloodless Stretching of the Sciatic Nerve.—Dr. Fiorani related this case before the Royal Lombardian Institution (Annali Univ. di Med., February, 1883—London Medical Record): A female, æt. 49, has suffered six to seven months from severe right sciatica, with slight relief from blisters, sedatives, etc. Prof. Trombetta's plan was determined on, and accordingly the patient being chloroformed, the thigh was forcibly flexed with the leg extended, until the foot reached the side of the head. During this manœuvre a crash was heard as if something was torn or lacerated. The limb was held in that position for some seconds and then brought back. A few minutes afterwards the sciatic pain had disappeared, but the whole posterior part of the limb, especially the popliteal space, was very tender, in spite of which, however, she could stand and take several steps, which before was impossible. The back part of the limb swelled and became black from ecchymosis, from the middle of the thigh to the middle of the leg; this soon disappeared with rest in bed and simple treatment. Ten days afterwards she was discharged cured, and remained well two months later. F. thinks the femoral vessels cannot be unduly strained, having always found them relaxed in the dead subject. Anæsthesia should be pushed to complete relaxation of muscles to avoid risk of injury from rigidity or contraction of these. The sciatic is subjected to an enormous strain, being stretched two to eight centimetres, which, experiment shows, requires 176 to 220 or 286 pounds. The quadratus may be entirely divided by the nerve.

WHAT IS A QUACK?—This question will shortly press for a solution in the Canadian courts. A member of a firm of peripatetic advertising physicians, of large promises, in the Dominion, has brought an action, fixing damages at $10,000, against two prominent physicians who have called him a quack. The Canada Medical Act requires that a physician shall not only be a graduate of a medical college in good standing but that he shall also pass an examination before the licensing body who shall be independent of the teaching bodies. This law secures practitioners possessing a much higher average of education than obtains among the physicians in countries not having this salutary law, and the fact of a man's being allowed to practice in Canada is guarantee that he is not what Webster defines as a quack, viz., "a boastful pretender to medical skill; an empiric; an ignorant practitioner." This is the meaning of the word "quack" among the laity, but in the profession a man may have all knowledge of medicine and yet be a quack, and his knowledge may be of very mediocre order and yet his standing may be good. The outcome of the suit mentioned will be awaited with interest. Will the court decide that "quack" means what the laity hold it to mean, or will it allow the profession to define its meaning? In the former case the verdict must be in favor of the plaintiff; in the latter for the defendants, who unquestionably intended the term to apply not so much to the skill of the plaintiff as to his methods of doing business, his advertising, unwarranted promises of curing, exaggeration of minor ailments for sinister purposes, ostentatious parade of qualifications, depreciation of the ability of brother practitioners, and the various other unethical and immoral devices of the itinerant physician.

DIPHTHERITIC THROAT AFFECTION IN TYPHOID FEVER.—Dr. Mortimer Granville contributes the following in the Lancet, which, if it is a fact, is a very suggestive one:

"As a matter of clinical fact—a fact too commonly overlooked, if, indeed, it be widely recognized—typhoid fever is generally preceded by an affection of the throat, which, if minutely examined, will be found to be characterized by the presence of minute pellicles of diphtheritic membrane, usually situated on the upper and postcrior surfaces of the tonsils, and nearly always accompanied by a few small patches in the fauces. This is particularly noticeable in the Paris fever. There would seem to be a tendency to the development of this membrane in direct proportion to the intensity of the poison and the vigor of the constitution—if I may use this term—of the patient attacked, and in inverse proportion to the rapidity with which the glands of the intestine are infected. To state the results of inquiry—somewhat too dogmatically perhaps—it may be said when a patient is affected by the specific morbies of diphtheria or typhoid, the poison being the same in either case, it depends on the subject more than the disease, whether the malady will take the form o diphtheria, conventionally so-called, or of typhoid fever, and in a case in which the diphtheritic throat affection is strongly marked at the outset, there would be special danger from hemorrhage, not from deep ulceration, but from rupture of minute vessels during the course of the disease, when the diphtheritic sloughs are thrown off from Peyer's patches; the hemorrhage, if it occurs, being preceded by the appearance of exceedingly minute streakings of bright blood in the yellow, ochre-like (Budd's) portions of the stools."

THE WEALTH OF THE CITY PRACTITIONER.—The Medical Record in a reference to this subject says: "Neither in New York nor in any other American city is it possible for a physician, without some special genius to make a fortune. The more he earns the more he is obliged to spend; so it happens that a leading specialist, who had an income of $10,000 to $15,000 yearly, died recently insolvent, and the widow of a prominent and widely known surgeon has now to depend on charity.

This is the darker side. Many members of the profession, perhaps the majority, earn enough to live comfortably, educate their families, and supply themselves with some luxuries; and their practice, though hard enough, does not involve so much physical wear and tear as that of their provincial and country brethren."

This statement will, we think, comport with the experience of most of our readers. The fortunes made out of the practice of medicine, either in city or country, are few and far between. Those who are wealthy have, as a rule, increased their store through ventures outside of their professional work. The physician, however, who dying leaves his family dependent or charity, is, as a rule, inexcusable. With all the evidences of the wisdom of life insurance before him he should not neglect this means of providing for those of his own who cannot provide for themselves. No man, physician or layman, with a dependent family, unless he be wealthy, is justifiable in indulging in any luxury which might interfere with the payment of premiums on a life insurance policy sufficiently large to ensure those to whom he is the support, against the necessity for charity.

The Maryland Medical Journal finds it necessary to mention, with indignation, the fact that a one-dollar note received by one of its editors, bore the stamped name of a gentleman who is a member of the Medical and Chirurgical Faculty of Maryland. It regards this as a novel and detestable means of advertising. Singular that it should object to conduct against which the code of ethics has no provisions. Such conduct is, of course, unworthy a physician and a gentleman, but does not affect the ethical status of one who has simply subscribed to the code as the guide to his professional doings

THE QUACK.—In the course of recent address, Dr. F. J. Shepherd (Medical Gazette) gave utterance to some racy remarks on this perennial subject. He quoted Southey as saying, "Man is a dupable animal; quacks in medicine, quacks in religion, and quacks in politics know this and act upon the knowledge. There is scarcely any one who may not, like a trout, be taken by tickling." He answers the question why is quackery so much more prevalent in medicine than in any other science? as follows: "Because the medical quack attributes to himself what is due to nature. Nature cannot build a railway, but she can, very often, cure disease. A witty Frenchman has said that medicine amuses the patient while nature cures the disease." He is somewhat pessimistic as regards the prospect of getting rid of quacks. They will exist, he says, as long as human nature exists in its present condition. The diffusion of philosophical habits of thought and more general knowledge of physiology are requisites as exterminators. An English medical writer some years ago, said: "The final, though distant extinction of quackery is to be hoped for; it forms a fragment of that final triumph of reason and virtue which is the secret consolation of every philanthropist.

PURPURA VARIOLOSA AND PURPURA HÆMORRHAGICA.—The danger of making an error in the differential diagnosis of these two diseases is great, and is liable to occur in the practice of the most competent practitioner. An illustrative case occurred in this state last summer, and its results in the spread of variola were serious. Dr. Comegys, of Cincinnati, made it recently, and became in consequence the subject of painful criticism. While no honest physician would condemn another for such an error, there is, perhaps, not enough active sympathy for the one making such mistakes. Drs. J. T. Whittaker and P. S. Connor, of Cincinnati, have just set an example worthy of emulation under such circumstances. They have addressed Dr. Comegys a kindly note of sympathy, from which we make the following excerpts: "We believe that the report of an almost similar accident, which occurred in the hands of three of us, Dr. James Graham and the subscribers, which you may use as you see fit, will at least divide the responsibility among a greater number." "We trust that you may take comfort in this evidence of human fallibility, which we share with you; in the celebrated aphorism of Voltaire: 'Only the charlatan is always certain.'"

THE BIG FISH AND THE LITTLE FISH.—Although a little fish, the Pacific Medical and Surgical Journal is neither a sucker nor a bullhead. It, moreover, does not propose to help fatten the big fish if it can help it. It gets off the following in reply to a polite request from polite big fish of the east:

"And it came to pass when Arthur was Governor of the nation, that the doctors made a great stir in order to increase their skill and renown. They made books without end and they published chronicles in all parts of the land. There was scarcely a town, even unto the farthest borders, where the gospel of medicine was not proclaimed month by month.

"But they who put forth the chronicles in the great cities waxed strong and ambitious, and gave way to the love of money. And certain among them said, of what use are the chronicles written in obscure places up and down in the land? Have we not all the knowledge and the wisdom and the science? Why then should we not have all the money?

"And they set to work accordingly, and sent their chronicles abroad every where, and cheapened the price thereof: thus seeking to gather a harvest from all the land. And certain of them did even send letters to distant parts, yea, even unto the country bordering on the great ocean which is called Pacific, begging their brethren who had in keeping the smaller chronicles, to aid in supporting and enriching those of the great cities in the east. As if they had said: 'Dearly beloved friends and brethren, do us the favor, we beg you, to cut your throats for our benefit.'

"And thus was fulfilled to saying of the Prophet: 'The big fishes will always swallow the little ones, when they can.'"

In the North American Review for July, President Julius H. Seelye writes of "Dynamite as a Factor in Civilization." In "The Last Days of the Rebellion" Lieutenant-General P. H. Sheridan recounts the operations of the cavalry divisions under his command during the week preceding the surrender of Lee. William S. Holman, M. C., makes a striking exhibit of "The Increase of Public Expenditures." "Democracy and Moral Progress," by O. B. Frothingham, is a philosophic forecast of the probable outcome of "government by the people themselves." Z. R. Brockway, Superintendent of the Reformatory at Elmira, N. Y., points out some "Needed Reforms in Prison Management;" Thomas Sergeant Perry writes of "Science and the Imagination;" Geo. E. Waring, Jr., of "Sanitary Drainage;" Elbridge T. Gerry of "Cruelty to Children;" and finally there is a symposium on "Church Attendance"—the question whether the churches are growing to be less of a power for good now than in former times—the symposiasts being "A Non Church Goer," Rev. Dr. Wm. Hayes Ward, Rev. Dr. James M. Pullman, and Rev. Dr. J. H. Rylance. Published at 30 Lafayette Place, New York.

Bread made with sea-water (Medical and Surgical Reporter) is recommended by a German physician, named Senna, as a wonderful remedy against scrofula and disorders resulting from insufficient nourishment. Sea-water ought to stand twelve hours before being used for making dough, in order to free it from its impurities. Bread thus made has no unpleasant taste.

THE PICRIC ACID TEST FOR ALBUMEN.—Dr. George Johnson calls attention in the British Medical Journal to a fact in connection with the use of picric acid as a test for albumen, which has caused some physicians to discredit its value for that purpose. It should always be borne in mind that the picric acid must be in excess. A few drops of a saturated solution of the acid will form a coagulum in a highly albuminous specimen of urine, but the coagulum will be quickly dissolved. In consequence of this some have pronounced the test unreliable. When there is much albumen in it, the urine should be mixed with its own volume of the picric acid solution; and in testing a fresh specimen, it is better to begin by addiug an equal volume to the test liquid.

TO CURE A FELON.—The following anonymous "cure" for a felon is going the rounds of the press; it is, of course, given for what it is worth, but is, perhaps, worthy a trial: Roast common salt on a hot stove until it is perfectly dry; mix a teaspoonful with an equal quantity of powdered castile soap, and make of the mixture a poultice by the addition of a teaspoonful of Venice turpentine. If there are more than one felon apply a separate poultice to each. Renew twice a day. It is said to facilitate the escape of the pus through the soft parts, but may also be applied after the discharge has been established and even when necrosis exists. It will not, of course, restore lost bone, but favors healthy granulations.

Gaillard's Medical Journal: Byron said that fame was to be killed on the battle-field and have your name mis-spelled in the next day's Gazette. So it is on the battle-field of professional life. Poor Turnipseed, of Columbia, S. C., died April 19th, and in the Medical and Surgical Reporter, of Philadelphia, (April 28th), there appears the following notice: "Dr. Edward Beman Twinespeed, a distinguished surgeon, of Columbia, S. C., died April 19th." What distinction, when in nine days after death one's very name is forgotten!

A frightful accideut recently occurred in an eastern factory. The flowing hair of a female employé becoming entangled in the machinery, was wound around the shafting until it was literally torn *en masse* from her head. The machinery was stopped as soon as possible, but not until the sad work had been done. The sympathies of the fellow employés were intensified by the heart-rending statement of the poor girl that the hair contained not a fibre of jute, and had cost her $4.

When John Hunter first tied the femoral for popliteal aneurism, he turned to Mr. Peile and said: "Now, the absorbents are busy below, like mites in a cheese."

Oil of turpentine rubbed into the hands is said to be an effective prophylactic against septic infection in autopsies.

A Buffalo correspondent of the New York Medical Journal tells of an official post-mortem examiner of that city who reported after a careful scrutiny of all the organs that the decedent had succumbed from "cessation of vital functions." Another reported death from pyæmia in a person who died in four hours after being run over by the cars. These practitioners are supposed to have been the ones who, while students, located the corrugator supercilii opposite the alligator supercilii, who iuvariably spoke of the Ethiopian tube and who described tænia solium as a part of the brain iu the neighborhood of the ventricles.

The fourth annual report of the Illinois State Board of Health show a total of 175 colleges whose diplomas are held by practitioners of medicine in this country and Canada. Of this number 56 are extinct, leaving 119 extaut. The number recognized by the Board is 99. Of these but 17 require three course of lectures prior to graduation. The total number of matriculates session of 1881-'82 was 13,094; total graduates 4,380.

At the meeting of the Association of American Medical editors at Cleveland, Dr. L. Connor, of the Detroit Lancet, was elected president; Dr. Thomas Gallagher, of the Pittsburgh Medical Journal, vice-president, and Dr. J. V. Shoemaker, of the Medical Bulletin, secretary. The meeting expressed, by resolution, its preference for Dr. N. S. Davis as editor of the Journal of the American Medical Association.

With truly characteristic modesty the Boston Medical and Surgical Journal says of the Journal of the American Medical Association: "How far it will be a genuine addition to medical journalism, and in itself a financial success, depend upon various circumstances and in nowise upon our prophecies."

The Weekly Medical Review, of Chicago and St. Louis, will hereafter be edited by Dr. Roswell Park, of Chicago. Dr. Park is an earnest worker and an outspoken, lucid and forcible writer, and while congratulatiug him on his advancement we also congratulate the journal on securing his service.

The Northwestern Lancet delights to stroke its namesake of this city against the grain. The latter referred recently to the fact that two of our physicians had gone insane without assignable cause. Its contemporary thereupon maliciously suggests that possibly the gentlemeu were paid-up subscribers and steady readers of our staid city contemporary

When "The Society for the Prevention of Cruelty to Animals" became antivivisectionists, a coutemporary rechristened it "The Society for the Promotion of Human Suffering."

A dispensary patient who fired the hearts of the students by declaring that there was lots of rheum on top, subsequently disgusted them by removing his hat and revealing an affection of the scalp.

Gout in its Protean Aspects. By J. Milner Fothergill, M. R. C. P., Lond., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park); Hon. M. D., Rush Medical College, Chicago; Associate Fellow of the College of Physicians of Philadelphia. 8 vo., 300 pp., price $2.50.
Detroit: Geo. S. Davis, Publisher.

Gout is a part of the wages of luxury. It is an exceedingly inapt term and is in nowise descriptive of the affection it has been employed to designate for many generations. It had its origin in that very erroneous conception of the pathology of the disease which held it to he a catarrh which caused the distillation of a liquid on the diseased part "drop by drop" (Latin, *gutta*, French *goutte*, a drop). Later the affection came to he regarded as an inflammation of the fibrous and ligamentous parts of the joints, the particular joints on which the inflammation expended itself being those of the hig toe. Latterly, however, a still more enlightened conception of the pathology of gout has ohtained, and the inflammation of the joints is regarded as but one of the protean manifestations of the presence of uric or lithic acid in the hlood. The habits of the stirring American world and the comparative lack of wealth in this newer country, have not furnished the conditions necessary to that condition of the system which favors the formation and accumulation of lithic acid in the blood, and have thus warded off the disease from our people, and it is scarcely mentioned in our nosological lists. Things are changing, however, and the disease "has come to stay," its foot-hold (no pun intended) in the eastern cities, furnishing as they do the conditions for its development, being already quite firmly established. But it is by no means exclusively confined to the east, and neither does it necessarily attack only the affluent and the syharitic. It is obedient to the inflexihle laws of heredity, and it may be very truly said of it, in the language of Holy Writ, "The fathers have eaten sour grapes, and the children's teeth are set on edge." Many a man, therefore, of exemplary habits in every respect is a victim to the pains and aches of gout as an entailment from some *bon vivant* in his ancestry—the sins of the latter heing thus literally visited upon his children unto the third and fourth generations.

The hitherto comparative infrequency of gout in this country has, doubtless, been the cause of the scantiness of American literature on the subject. This infrequency is, however, hecoming less, and the demand of American practitioners for a treatise on the disease is yearly hecoming more pressing. Under these cir. cumstances the enterprise of the American publisher in securing the publicatiou in this country of this hook by one so qualified to write as is J. Milner Fothergill, is worthy of all commendation. Dr. Fothergill handles his suhject in its broadest sense, regarding the affection as lithæmia aud dealing with the conditions which give risc to it, its symptoms, local and general, and treatment, hygienic and medi. cinal. He also discusses fully the relations which practically ohtain hetween gout, so-called, and rheumatism, acute and chronic. This latter part of the hook will, we think, contain a revelation to perhaps the majority of our practitioners who have had to do with chronic cases of rheumatism.

Of the style of the author it is scarcely necessary to speak. He is, hy common consent, one of the most colloquial, and, withal, pointed writers of the day. The puhlisher has issued the work in very attractive and substantial shape.

Hand-Book of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx. By Carl Seiler, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania; Chief of the Throat Dispensary at the University Hospital; First vice-President of the American Laryngological Association, etc. Second edition. Thoroughly revised and greatly enlarged, with seventy-seven illustrations.
Philadelphia: Henry C. Lea's Sons,
Detroit: John Willyoung.

Dr. Seiler's name has heen prominent in this comparatively new specialty since it became differentiated as such, and he is recognized as one of the more enthusiastic workers and reliahle authorities in this field. As might, therefore, very naturally have been expected, this hand-book which he has given the profession has met with such a favorable reception as to have created a demand for this second edition within a short time after the appearance of the first. He has profited both hy his experience in the treatment of the affections peculiar to the region to which he pays especial attention, as well as by his experience in book making, and we have before us in the present edition an unusually terse and practical little volume. It gives such lucid instructions touching the methods of examining the naso pharynx and larynx as must be very valuable to the practitioner who may desire to qualify himself for the care of affections of these parts. He discusses, also, the pathology of these affections, their etiology and symptomatology and therapeutics. In the latter division of his subject the results of his extensive experience are distinctly visible; he speaks with the authority and directness can only come from such experience, and while his instructions may at times savor of dogmatism, they are not objectionable on that score. The book is to be warmly commended.

The Practitioner's Ready Reference Book. A Handy Guide in Office and Bedside Practice. By Richard Dunglison, A. M., M. D., Author of "A New School Physiology"; Editor of "Dunglison's Medical Dictionary" and "History of Medicine"; Secretary of the American Academy of Medicine, etc. Third Edition, Thoroughly Revised and Enlarged.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane.

It is not all of the practice of medicine to be even thoroughly cognizant of the minutest structures of the body, and to know their functions, or to know all about drugs and their effects, both in health and disease. While such knowledge is essential, it is not sufficient to make its possessor the successful

practitioner, in the popular acceptation of the term. There is much which the schools do not teach and which the books do not contain, which is necessary to this end. The value of the book before us consists in its contents of essential knowledge which is neither found in the ordinary text-books nor is ordinarily taught in the college amphitheatre. The main divisions of the book are four: 1, General Information for the Practitioner; 2, Therapeutic and Practical Hints; 3, Dietetic Preparations and Precepts; and 4, How to Conduct a Post Mortem Examination. The subdivisions of the second main division are of exceeding variety and value, but our space prevents the enumeration of more than a few of them: The Hippocratic Oath; Rules for the Practitioner—Medical Etiquette; What the Practitioner must Learn of the Patient; Baths; Doses of Medicines; Pharmacopœial Groups, simplified for ready reference; Hints to Prescribing—how to prescribe; Hints in Regard to Hygiene and Therapeutic Treatment of Children; Tables of Differential Diagnosis; Obstetric Memoranda; Brief Rules for Clinical Examination of Urine; Selected Prescriptions, etc., etc.

In a work so full of practical hints it is impossible to say which is the most valuable part. The fact that in the short time since it was first issued, a third large edition has been called for, is the best practical argument that it is supplying a long-felt want. The present edition is much amplified and enlarged as compared with the previous editions. The style is lucid and entertaining throughout, while the mechanical execution is of that substantial nature which a book which must be so frequently referred to as this, would necessarily demand.

Fracture of the Frontal Bone—Trephining—Recovery.

BY F. B. FLORENTINE, M. D., SAGINAW CITY, MICH.

On the first day of December last, about 8 o'clock A. M., I was called to attend Robert Ostrander, æt. 39, a robust blacksmith of this place, who had just been kicked on the head by a horse. I found him unconscious, with a pale and cold surface; contracted pupils, feeble and irregular pulse, slow and feeble respiration, and a general rigidity of the muscular system. Upon examination I found a large scalp wound a little above his forehead—directly over his left eye—leaving the surface of the skull well exposed. After applying temporary dressing to the wound, I succeeded in arousing him sufficiently to be able, with slight assistance, to walk a few steps, and he even got into a cutter that stood ready to take him home, about one mile and a half from the shop. He remained conscious for nearly an hour after he got home, when he became totally unconscious and insensible, with a slow but full pulse, warm and congested skin; respiration slow, with stertorous breathing; puffing at the lips and frothing at the mouth; pupils dilated—the left one more than the other; partial paralysis of the left side, including the bladder. The integument of his left eye gradually became more and more discolored from extravasation of blood into it, and finally became very much inflamed.

December 2d, about 9 o'clock A. M., I found him in about the same condition as the previous day, with the exception that the action of the heart was still slower; his respiration was also slower and more laborious, the symptoms showing unmistakable evidence of compression of the brain from extravasated blood. I immediately called in consultation Drs. L. W. Bliss and C. Watson, and after a thorough examination of the wound, we found two small fissures, inverted V-shape, starting at a common point about the center of the upper portion of the left lateral half of the frontal bone, about half an inch from the coronal suture; one branch extending almost perpendicularly downwards, but little forwards, and discernible to the extent of about one inch and a quarter; the other running downwards and backwards, and about three-quarters of an inch of it could be seen.

The extravasated blood in the eye, above mentioned, also plainly indicated trouble at the base of the skull. Having mutually agreed in regard to the propriety of trephining, this operation was at once resorted to—directly over the place where the two fissures merged. Upon removing the disk, a large clot of blood was discovered between the skull and dura-mater. After removing as much of the clot as was deemed proper, I syringed the wound with a weak solution of chloride of zinc, and subsequently dressed it with a small wadding of absorbent cotton dipped in the solution. This was then covered with surgeon's lint spread with resin cerate, mixed with an equal quantity of vaseline, to make it softer, and the whole kept in place by bandage. Then, after introducing a catheter and drawing out a large quantity of urine, and prescribing a saline cathartic, bland diet, etc., I left him with little hope of finding him alive the next day.

December 3.—I happily found him somewhat better, his pulse and respiration being more favorable, and he could be roused up a little, but with difficulty; his bowels had not yet moved, however, but he swallowed for the first time since the injury a little milk and some broth. The act of deglutition was performed with great difficulty, due to paralysis. After dressing the wound, I introduced the catheter again, and drew off the urine; ordered larger doses of the saline cathartic and more milk and broth; then left, more hopeful of his recovery.

December 4.—Found him much improved, more easily aroused, and he even whispered a few words. His bowels had moved freely, and he had also micturated plentifully. The wound, also, looked well.

December 5.—Found him about the same as the day before—perhaps a little better.

December 6.—Found him very much improved, he talked and swallowed with less difficulty, and did not feel nearly so drowsy as previously; his bowels moved again, and he had also voided urine.

December 7.—I found him somewhat feverish. the wound not looking quite as well. Ordered him cold drinks and wet cloths over the dressing.

December 8 and 9.—Had a good deal of fever, the wound looking dry and rather inflamed on the edges, indicating some possible complication of traumatic erysipelas, which might possibly extend to the brain. I consequently became alarmed, and, after placing him on antiphlogistic treatment, left, anxiously awaiting the result.

December 10.—To my great satisfaction I found him much better. He had less fever and the wound looked better.

December 11.—He was still better. The wound discharged more freely and he felt generally improved.

December 12.—Good, healthy granulations were forming; in fact, the wound looked very well, and the patient felt much improved generally, and from that time on he kept improving slowly but surely, till the eighth day of May, when I discharged him, a well man.

About six weeks after trephining, an irregular piece of bone of about the size of a thumb-nail exfoliated, but, happily, did not interfere with the progress of the case.

I think this case one of peculiar interest, and among other reasons, because of the fact that the paralysis was on the same side of body with that of the wound.

Foreign Bodies in the Uterine Cavity.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

Mrs. J., æt. 38, mother of five children, the youngest of whom is eight years, and the oldest seventeen years. Patient has for some years since been rather feeble; has had several abortions, the last of which, probably induced, occurred April 8th last. I was called after birth of fœtus, and found patient rather exsanguinated from flooding that had taken place after expulsion, to relieve which the husband had introduced a vaginal tampon previous to my arrival. As the hemorrhage had quite ceased, I directed my attention to the general condition of patient. Gave stimulants quite freely, with three-grain pill ergotin, and elevated foot of bed. Patient rallied well, and treatment was ordered to be continued until evening. Vaginal tampon was removed on morning of next day, when another three-grain pill ergotin was given. About noon of same day, placenta was expelled entire. Ordered nutritious diet, with quinine and iron, under which patient apparently made a speedy recovery.

May 10th.—Patient had an attack of quite severe uterine hemorrhage, which was controlled by the same method as above related before my arrival. As a month had now transpired since the occurrence of original difficulty, I concluded that there was a probable connection between this condition and the menstrual function, and suspected also uterine subinvolution, from the repeated abortions. Treatment about the same as before, with rest in the horizontal position for a few days, followed with vaginal injections of warm water repeated two or three times a week. Patient improved rapidly until within three or four days of the next menstrual period, when she began to suffer from a peculiar feeling of weight in the pelvis, and quite severe pain in lower portion of spine, with offensive discharge from vagina. I now determined to make a more thorough examination of the case, to which the patient had previously objected. Found uterus enlarged, low down, quite tender, movable, distinctly felt over pubis, os quite patulous, admitting end of index finger; ovaries normal, uterine sound introduced to the extent of four and one-half inches, quite extensive erosion on posterior lip of cervix. Detected suspicious substance in uterine cavity, which, on being seized with forceps, caused quite severe discharge of sanious fluid. Owing to the nervous condition of the patient, I was compelled to desist for the present from further procedure. I accordingly gave 3-gr. pill ergotin every four hours, with the view to producing contraction of the uterus if possible, and thus expulsion of its contents. Quinine and iron were continued and cnema given to relieve bowels. This line of treatment was pursued until the morning of June 16th, when, after a quite severe uterine contraction, a large decomposing body was expelled, which upon examination proved to be a piece of cotton cloth. Thus was ended the anxiety over the object of our search. How, at what time and for what purpose, this substance found its way into the uterine cavity, I am unable to do more than conjecture. It was probably introduced while the husband was tamponing at one of the previous hemorrhages.

That uterine subinvolution with inertia was present in this case there is little doubt. Speaking in regard to uterine inertia, Leishman says: "In those who have borne many children in rapid succession, the action of the uterus is often found to become enfeebled towards the close of the child-bearing epoch probably because the organ has not had sufficient time for rest, and for the gradual development of those structural changes which succeed delivery, during and after the period of involution." "After a miscarriage, or a childbirth, the uterus may remain too large, from imperfect involution. The organ will generally be found movable, free from adhesions, and uniformly hypertrophied throughout. The neck will frequently be found lacerated and covered with an extensive erosion, with the uterine canal open, and emiting a profuse leucorrhœa. The condition is one due to faulty nutrition, the reparative powers having been checked in the process of removing the old material." Emmet: "The well-known and unexpected danger attending last confinements in women about forty years of age is often caused by defective involution, from failing of strength, both of the womb and of the system." Edward John Tilt: "It is also quite true that the uterus in being suddenly arrested in a physiological process will, from an inherent tendency, not recede to its former condition as soon as it would after having attained the end of its work, the length of time of gestation. If this process of normal gestation is interrupted a given number of times, it is reasonable to suppose that there will be a time when this organ will remain permanently enlarged," as is the case in the subject of this article. This may account for the fact that in some cases of uterine subinvolution in which treatment is unsuccessful.

Foreign bodies in the uterine cavity, although rarely referred to in works on gynecology, are not at all infrequent. I have in mind another case seen some time since with a neighboring physician, in which, after some difficulty, we succeeded in removing from the uterus a piece of wood an inch in length and one half inch in diameter. I have heard, also, of cases where hair-pins have been found in the cavity of the uterus. Of course, the motive of such resorts must always be base.

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Bismuthi Subnitras (Magisterium Bismuthi).—Lewin's "Untoward Effects of Drugs"* has the following on the moot-subject of the possibly poisonous action of the subnitrate of bismuth:

There is scarcely any other drug, the opinions regarding the deleterious or the innocuous nature of which are so conflicting as are those entertained on the nitrate of the oxide of bismuth. While Monneret,† among others, asserts that the irritating or even poisonous properties which are attributed to this substance are but imaginary, that it may be administered to patients in quantities of from 3 to 6 teaspoonfuls daily without inconvenience, and that it can be beneficial only in such doses, there are many competent observers who aver that the subnitrate of bismuth in doses of from two to four grammes (ʒ ss to ʒ i) may sometimes be attended with baneful untoward effects. The attempt has been made to reconcile these contradictions by holding the impurities of the preparation given, and particularly the lead and arsenic which it is said to contain, responsible for these untoward effects. As a matter of fact Carnot,‡ among others, found lead in all the preparations of the subnitrate of bismuth which he examined, in quantities varying from one to ten per cent. Riche,§ on the other hand, attributes much less importance to this and maintains that the quantities of lead which he has demonstrated to be present are too insignificant to work any disturbance in the system. Bouchat¶ would not even have the lead which is contained in the subnitrate of bismuth eliminated, holding, as he does, that it is through this substance that the preparation exerts its curative action in diarrhœa.

The proportion of arsenic in subnitrate of bismuth is also too small to give rise to the symptoms which are hereafter to be mentioned.

It then remains but to attribute the ill effects of the bismuth either to such a temporary condition of the patient as causes an abnormal reaction, or to an improper employment of the drug.

The condition of the individual may have an influence in so far as the presence of undue quantities of acid in the stomach may favor the conversion of the basic subnitrate of bismuth into a corrosive neutral salt; or, if this should be decomposed by water the acid salt may be formed in great quantities. These neutral and acid salts are, as Orfila* demonstrated by his experiments on animals, intense poisons, setting up gastro-enteritis. The same effects would naturally ensue if the basic salt were given simultaneously with acid remedies, or if the patient should take acids after the drug. A readily soluble nitrate of bismuth would thus be formed in the stomach and would be absorbed.

The untoward effects which are observed to follow the subnitrate of bismuth, are chiefly referable to the stomach and intestines, and are nearly identical with the pathological symptoms which it is the typical action of the acid salt to excite. Thus Odier† noticed nausea after its use, and Werneck‡ vomiting, colicky pains, and in several cases diarrhœa, while in others there occurred obstinate constipation. With these local symptoms there were associated a sensation of heat, headache, dizziness and general debility. Not infrequently after the exhibition of magisterium bismuth there is observed a peculiar discoloration of the tongue. According to T. Lawrence Hamilton,§ this is due to a change of the bismuth salt through the sugar formed by the action of the saliva on the starchy food. It is also possible that sulphuretted hydrogen is developed from carious teeth, and that the union of this with the bismuth gives rise to a black or greyish-black sulphuret of bismuth. It is further to be especially noted that the fæces after the employment of the subnitrate of bismuth, mostly assume a grayish

*Published by George S. Davis, Detroit, Mich.

†Monneret, Central Zeitung, 1849, 43.

‡Carnot, Comptes Rend. des sciences de l'Academie des sciences. T. LXXXVI., p. 718, 1878

§Riche, Journ. de Pharm. et Chimie, 1878, 18, p. 147.

¶Bouchut, Jahresbuch über Pharmakog. u. Toxikol. von Dragendorff, 1879, p. 168.

*Orfila, Toxicologie libers. v. Krupp, 1854, II. p. 9.

†Odier, Journ. de Medecin, 1768, T. 68, p. 49

‡Werneck bei Wibmer, Wirkungen d. Arzneimittel, T. I p 418

§T. Lawrence Hamilton, British Medical Journal, February 1881

black color, and are nearly odorless. It is inferred from this that the bismuth salt is changed in the intestines, in the presence of sulphuretted hydrogen gas, into the sulphide of bismuth, and the gas is thus held fast in combination. The therapeutic indications in the untoward effects named, are a discontinuance of the drug, and the employment, now and then, of calcined magnesia in small doses, or of milk in an emulsion, etc,

THE MICHIGAN MEDICAL LAW.—The following is a synopsis of the new medical law passed by the last legislature of this state, approved June 6th and taking effect September 6th, 1883:

Those who, at the date of its taking effect, have been in actual practice in the state for five years, and all graduates of legally constituted colleges, of this or auy other country shall be authorized to continue in practice on compliance with the requirements of registration. In order to register every such applicant qualified as above, is required to file a sworn statement with the county clerk, on or before December 6th, 1883, setting forth the length of time he has been in practice; if a graduate, the college and location thereof whose diploma he holds; the length of time he has spent in the study of medicine; and the school of medicine to which he belongs.

The law does not prohibit any student or undergraduate from practicing with or under the instructions of any person legally qualified to practice under the provisions of the act; provided that such student or undergraduate shall also file with the county clerk, a statement of the length of time, with whom and where he has studied, and also the name of the physician under whom he is practicing or intends to practice.

The registration fee shall in each instance be fifty cents.

It shall be the duty of the supervisor, at the time of making the annual assessment in each year, to prepare a list of all physicians and students within his jurisdiction, together with all the particulars indicated, and return it to the township, village or city clerk to be by him recorded in the book in which are kept the records of the local board of health.

No physician, surgeon (except dentist) or midwife who shall fail to comply with the provisions of this law shall be empowered to collect in a court of law, for services rendered after the date of the enforcement of the same. And all persons who shall advertise or hold themselves out to practice medicine, or surgery after the law has become operative, without having previously complied with its requirements, shall be held guilty of a misdemeanor and liable to a fine of not less than $5 or more than $50 for each offence.

The simplicity of the provisions of this new law is very apparent. Any criticism of it would at this time avail nothing. The profession were given no opportunity to be heard on it during its passage, and although it was introduced by a physician it is eminently laymanlike in its construction. The hand of the lawyer is, moreover, very conspicuous in the absence of the faintest shadow of it. It is clear, from the careful perusal we have given it, that the number of doctors in Michigan cannot be increased after December 6th next and until the act has been amended so as to permit of such increase. It is expressly provided that all registrations shall be made during the three months following the date on which the act takes effect (Sept. 6th—Dec. 6th) and no provision is made for those who may wish to commence practice in the state subsequently to December 6th, 1883. This may have been designed by the framer of the bill. But whether a design or a blunder, all future graduates and students of our Michigan medical colleges, as well as all graduates and students from the colleges of other states and countries, will, it appears, be obliged to settle elsewhere than in this state while the provisions of our new medical act remain operative.

NATIONAL MEDICAL LIBRARY AND MUSEUM.—In our report of the late meeting of the American Medical Association, mention is made of a communication signed by Drs. Austin Flint, Oliver Wendell Holmes and S. D. Gross, in which the members were urged to impress upon their senators and representatives in Congress, the necessity of a fire-proof building for the preservation of the National Medical Library and Museum at Washington. It is very fitting that the profession should at once act on the suggestion of the communication, and, doubtless, the majority of our readers were surprised to learn that these valuable collections are in the remotest degree at the mercy of the elements.

Our National Medical Library is, without exception, the largest and best collection of medical literature of modern times. It has grown from a collection of a few hundred text-books before the war to contain 60,000 volumes and 70,000 pamphlets. Its shelves hold about 66 per cent. of the medical literature extant, and nearly all of such as has current practical value and not merely historical. Its richness consists chiefly in the care which has been exercised in collecting and arranging for reference the periodical literature—the channels through which the newest ideas, truths and heresies are first given forth. And it is not in regular medicine alone that the collection is complete: "all the isms and pathies that the weakness of man or the inventions of the adversary have poured on humanity find there their organs and their own expositions ungarnished and undefiled." The growth and arraugemeut of this library are chiefly the result of the energy, organizing capacity and erudition of Dr. J. S. Billings, U. S. A., a gentleman who has developed a genius in this work which has probably never been excelled, if it ever has been equalled. His great work has been almost constantly hampered by lack of the necessary pecuniary means, and his great zeal and tact have been called on to supply the deficiency.

He has succeeded without money in securing voluntary contributions from all sources, authors having faith in his management and being convinced that in no other place can their works do more good. The issue of the Index Medicus, edited by Dr. Billings, moreover, while of great value to the profession in directing them to new books, is valuable to authors in introducing their books to the notice of the profession.

This great collection—a monument to its builder, a source of national pride and of inestimable value to the profession—is, however, liable at any time to become a heap of ashes. There is a demand for such a home for it as will remove this liability, and the profession is appealed to to emphasize this demand on the powers that be. In the language of the Nation: "Is it not well that the medical men of the country, who would be a power if they would work in unison—and, if they need help, that scientific and educated men generally—should impress Congress with a sense of its duty to preserve the Medical Library (however it may be ultimately housed) intact, and at liberty to develop in the way in which it has proved so eminently successful?"

THOUHT-READING. — Supernaturalism weakens with increasing light. Its hold on the minds of men in the night of heathenism was very firm; it loosened with the dawn of civilization, and in these latter days of the full blaze of enlightenment the hold is firm only in those the scales of whose eyes have not been touched by the finger of science. To divine the thoughts of another was formerly, and indeed until a comparatively recent date, regarded as beyond the power of the mere human; but even this criterion of the supernatural nature is no longer reliable. The achievements of Bishop and Stuart Cumberland in divining the thoughts of others has demonstrated the existence in man of a faculty through the development of which even the secret thoughts of others may be revealed. That this faculty may be strengthened by cultivation seems evident from a report given in a recent issue of the Medical Times and Gazette, of the achievements of the children of a clergyman in Derbyshire, England. They had, according to our contemporary, been accustomed to amuse themselves with the "willing" game—one of them leaving the room and on being recalled guessing the object on which the others had fixed their minds during his absence. The skill which they developed in this direction surprised their father, and their achievements became famous to a considerable distance. The presence of their father seemed to increase their powers, and on one occasion they attributed their ill success to inertness after a hearty dinner. So confident are they of their power that when mistakes occur they attribute them to the thinkers rather than to the thought-readers. Dull and undemonstrative people make success difficult. In commenting on the doings of this family our contemporary says: "It seems that in some organizations thought can be communicated by means apart from the generally recognized modes of perception. How such communication takes place—whether it depends upon some peculiar power, or whether it is simply that some quick children have so trained their perceptive powers that they notice indications of thought, ordinary in kind but so slight in degree that less skillful observers are not aware of their existence,—we will express no opinion."

Dr. Hendershott's article in our present number will be read with interest in this connection.

MEDICAL COLLEGE ANNOUNCEMENTS.—The Annual Report of the Secretary of the Illinois State Board of Health contains the following forcible language as to college announcements: "Announcement literature, in itself, presents some features worthy the serious attention both of the Board and of profession. Aside from its legitimate function as a medium of information to the student, the annual announcement, so lavishly scattered throughout the country, is often prostituted to advertising the college and the claims of individual members of the faculty, in terms and manner differing little, if any, from those of the ordinary advertising quack. In the course of the past six years I have carefully examined nearly all the announcements issued in this country, and do not hesitate to say that many of them are of such a character that if a private practitioner had been guilty of publishing a professional card making such claims and couched in such terms, he would have been expelled from almost any medical society for a gross violation of the ethics."

The Southern Practitioner reports the death, at Nashville, Tennessee, on the 20th ult., of the American Medical College Association. It announces the cause of death as "The Bellevue Stab." This reference is, evidently, to the famous advance and precipitate retreat of Bellevue Hospital Medical College a couple of years ago, on the question of an advanced standard of medical education. Bellevue was loud in her demands for a higher standard, and in the fullness of time went up to possess the land. But she soon discovered that she had been too previous, as it were. She is of "the old flag-and-an-appropriation" style of patriot, and was loud for advance as long as the cry seemed popular and was likely to draw students. When, however, the students refused to follow, she quickly sounded the retreat, and thus, as our contemporary intimates, gave the death-blow to the movement to improve medical education in this country. But it is cruel to open these old sores, and more especially at this time, when Bellevue is so faithful to the Code of Ethics. Her new announcement flies the ethical colors on her mast. How long, in the light of past experience, will they thus ostentatiously fly? The size of her next year's class may have an effect in determining the answer to this question.

In referring to the clause which the Judicial Council of the American Medical Association had inserted on the slip which delegates were obliged to

sign at the late meeting, and which was but a covenanting anew with the Code of Ethics, the Philadelphia Medical Times says: "We cannot, however, close without a word of praise for the dexterity which was shown in so strangling all ethical rebels that none of them succeeded in crossing the sacred Æsculapian threshhold, and the shades of Hippocrates suffered no dishonor, nor distress over unseemly bickerings and disputings." The Canada Lancet ventures to predict that "this attempt at coercion will be followed by a reaction, which will have the directly opposite effect of what was intended."

The Kansas and Missouri Valley Medical Index says: "We believe it is a universal opinion among such as are familiar with medical journalism, that the effort about to be made to publish a weekly journal under the auspices and control of the American Medical Association, will be a failure. We repeat this, as a largely prevailing opinion." Brother Dickman, did it never occur to you that such sentiments as these expose you to the charge of "Ishmaelitism?" We must be extremely careful how we express ourselves on such subjects. Anything but fulsome flattery is very apt to be construed as enmity in certain quarters.

A contemporary has a page advertisement commencing with the statement that "Our organs are well and favorably known. * * * * They have taken medals at the Centennial, 1876, at Sydney, Australia, 1877, and Paris, France, 1878." Appearing, as this statement does, in a medical journal, it is necessary for one to read the whole advertisement in order to be certain that the organs referred to are musical instruments and not anatomical appendages.

While suffering from the well known effects of alcohol on the different portions of the brain, Mr. Spinks repaired to his home. On reaching it, the symptoms became complicated with diplopia. In this condition, which he endeavored manfully to conceal, he fixed his eyes on Mrs. S. and complacently remarked, "Well, I declare, if you two gals don't look 'nough alike to be twins."

The Kalamazoo Telegraph reports the birth of a child at Dorr, Michigan, having one body, two heads, three arms and four hands. The lower limbs were natural. There were two pairs of shoulders, the two spinal columns starting from below at nearly the same point. The two adjacent shoulders gave attachment to a single arm, which projected backward and terminated in two distinct hands, the palms of which faced each other. The monster was still-born.

In the article on Foreign Bodies in the Uterine Cavity, by Dr. Wessinger, in the last issue of the AGE, the printer enclosed two sentences in quotation marks and in such relation as to make it appear that the language was that of Edward John Tilt. This was an error. The sentences following the mention of Dr. Tilt's name were by the author of the paper, and should not have been given as a quotation.

The anatomical knowledge and ingenuity of the Cincinnati physician are remarkable. The Lancet and Clinic tells of one whose only difficulty in passing the female catheter was in its hitching against the prostate gland. He has set himself to work to invent an instrument which will overcome this difficulty, and the profession will anxiously await this "long-felt want."

The Rev. Henry Ward Beecher exclaims: "No more ocean for me. Never! I agree with Dr. Thompson, who said that when he came on deck the ocean looked like one vast dose of ipecac. One of the attractions of heaven to me is that 'there shall be no more sea.' I will visit Europe again when I can walk there or go on wheels."

The Quarterly Epitome of Braithwaite's Retrospects, for June, credits twenty-one excerpts to the MEDICAL AGE. The discriminating editor of that valuable synoptical publication sets an example of giving "credit to whom credit is due," which is not emulated as it ought to be.

A TREATISE ON INSANITY IN ITS MEDICAL RELATIONS. By William A. Hammond, M. D., Surgeon-General U. S. A. (retired List); Professor of Diseases of the Mind and Nervous System, in the New York Post-Graduate Medical Schools; President of the American Neurological Association, etc. 8 vo.; pp. 768; Cloth $5.00.
New York: D. Appleton & Co.
Detroit: John Willyoung.

This is a new work on the subject of Insanity. It is based on the assumption that all mental phenomena are the result of the functionation of brain. The individual is sane and correct in his demeanor in proportion to the integrity of his brain tissue, and is insane and manifests his insanity in improper conduct, to the extent that this tissue has departed from the normal standard. In other words "it is healthy the product of its (the brain's) action is 'sanity;' if unhealthy 'insanity.'"

This materialistic conception of mind must tend to relieve the individual from moral responsibility and its recognition in law would lead to confusion and anarchy. Our author, therefore, classifies insanity as legal and medical. The line dividing legal sanity from insanity is an arbitrary one and fixed by legislation. If an arbitrary division cannot be avoided, doubtless such legislation as makes the knowledge of right and wrong the dividing line is most conducive to the safety of society. But from a medical point of view such a test of insanity is untenable. A man may believe himself to be Julius Cæsar and yet know that a particular act is wrong and contrary to law, and be fully aware of the consequences of such act. There is no middle ground in medical insanity. A large proportion of the population of every civilized community are insane according to the medical standard, and there are few people who have not at some time or other, perhaps for a moment only, been medically insane. In view of these facts the author argues for such a revision of the legal conception of the term insanity as shall

recognize its medical meaning. But while it may be difficult to adjust laws according to the latter standard it becomes physicians in their dealings with men to recognize it, and in the case of the mental and moral derangements which they witness to trace them to disturbed cerebration, even as they regard dyspepsia as the symptoms of a disturbed stomach.

The book opens with a discussion of the nature and seat of the mind. It is needless to repeat that the author refers its seat to the brain and regards it as the effect of brain action. He divides it into perception, intellect, emotions and will. He then discusses the mental and physical conditions inherent in the individual which influence the action of the mind. The remaining chapters of the first section are respectively devoted to eccentricity, idiosyncrasy, genius, habit, temperament, constitution, hereditary tendency, age, sex, race.

Section II discusses the nature and seat of instinct.

Section III treats of the causes of sleep, the state of the mind during sleep, the physiology of dreams and morbid dreams.

Section IV is divided into thirteen chapters devoted to the various forms of insanity, their etiology, pathology, diagnosis, prognosis and treatment. The author's extensive experience has especially qualified him for this work, while his command of clear and forcible language has enabled him to communicate his views as few authors can.

A Manual of Auscultation and Percussion: Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Medical College, etc. Third Edition, revised.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

This little book gives, in concise form, the lessons in physical diagnosis which the author is in the habit of giving to his private classes of students and practitioners. In these lessons he aims (1) to simplify the subject and to avoid all needless instruments; (2) to consider the distinctive characters of the different physical signs as determined, not by analogies nor by deductions from physics, but by analysis, and as based especially on variations in the intensity, pitch and quality of sounds; (3) to impress the fact that the significance of physical signs relates to certain physical conditions; (4) to enforce the necessity of sufficient study of the physical conditions and the signs of health as a *sine qua non* for success in the study of the physical diagnosis of diseases; and (5) to waive discussion of the mechanism of signs whenever this is open for discussion, taking the ground that our knowledge of the significance of signs rests solely on the constancy of their connection with the physical conditions which they represent.

The necessity of the points aimed at, as above stated from the preface, must be obvious to every physician of even limited experience in this means of diagnosis. The author's style enables him to make them with charming directness and clearness. The little book has already become an authority on its subject, and its popularity is evinced in the fact that the third edition has so soon been called for.

Management of "Summer Complaints" in Children.

BY C. BARLOW, M. D., EATON, IND.

Few subjects demand more attention than that of the summer complaints of children, as there are no diseases so prevalent and so fatal during the summer months. My practice is mainly in the country, where they are not so prevalent nor so fatal as in cities. They nevertheless prevail to a sufficient extent to demand our earnest attention.

I believe much can be done by physicians to prevent these bowel complaints; and, as the preventive treatment is of prime importance, it should receive special consideration. To this end, the etiology of these affections must be revealed. I believe it is generally conceded that continuous high temperature, for a number of days and nights together, is their chief cause. There are some who believe in their malarial origin, or that they arise from inhalations of an atmosphere loaded with noxious vapors and gases arising from vegetable decomposition, or from over-crowding, as in tenement houses in cities. Others argue that alternations of heat and cold are more productive of bowel complaints than continued heat; and still others, that they are caused by a vegetable diet, without taking time, evidently, to consider the fact that these patients do not eat vegetables. That alternations of heat and cold are not a sufficient cause we have ample proof in our own climate, where we sometimes have all kinds of weather within twenty-four hours without these affections. The notion that malaria, noxious vapors or gases cause them to develop, does not preclude the theory that continued high temperature will cause them, as the latter are also produced by high temperature.

In New Orleans, where the days are very hot in summer and the nights very cool, there are not more than one-third as many deaths from "summer complaints" in proportion, as there are in most of our northern cities; and this in spite of the fact that New Orleans is known to be a very unhealthy city. In San Francisco there is little development of these diseases. It is only where we have a continuous high temperature day and night, and in densely populated localities, that "summer complaint" prevails to an alarming extent.

The fact that it prevails mostly in the months of July and August is a good argument in favor of the above proposition. That dentition is not necessarily an exciting cause, is evident from the fact that as many children cut teeth in winter as in the summer. During the past five years I have treated ninety-nine cases of infantile diarrhœa, including simple diarrhœa, entero-colitis and cholera infantum. Four of these terminated fatally. The following summary shows the number of cases treated in each month of

the year: January 0, February 2, March 3, April 5, May 4, June 5, July 23, August 25, September 20, October 6, November 5, December 1. It will be seen that sixty-eight of these cases occurred during the hot months, and all the severe cases occurred during these months. The cases that came up earlier and later in the season were all cases of simple non-inflammatory diarrhœa and none of them were protracted beyond a few days.

Prophylaxis. The old adage "that an ounce of prevention is worth a pound of cure," is just as true now as when it was first spoken. We can do a great deal toward preventing the development of these diseases, by instructing parents how to manage their children during the hot months. If infants are bottle-fed they should have pure milk, and have it prepared so it will resemble the mother's milk as nearly as can be. Purity of atmosphere should be secured by thorough ventilation, and there should be windows enough in the apartment to make it light. During the hot weather there should be no cooking done in the room where these children are kept, nor in the adjoining room. Every family, especially in the country, can have a temporary summer kitchen, detached from the main building, in which to do the cooking, and thus prevent overheating the dwelling house. The heat generated by a cook stove is just as injurious as the intense summer heat: and it should be avoided as much as possible. A sufficient number of shade trees around dwelling houses do much toward cooling the atmosphere, besides furnishing a cool place for the children to play in. The dress should also be attended to. A very thin flannel shirt of sufficient length to cover the abdomen is advisable, and besides this a thin gown is all the clothing needed. In order to keep the blood cool children should be given a cool bath morning and evening. And I believe this to be of the greatest importance. I believe that by a strict adherence to these rules, in the country, where the air is pure, bowel complaints can be almost if not entirely prevented.

Treatment.—In some cases small doses of mercury with chalk were given in the first stage, combined with opium and bismuth, which latter remedies formed the main treatment in many cases. Simple cases did well on laudanum, catechu and chalk mixture. I also used the pulv. creta comp. c. opio with excellent results. In protracted cases I used aromatic spirits of ammonia with bismuth, simple syrup and water. I also gave lactopeptine with good results. Quinine was given to nearly all of these patients. To those under two years of age it was given by inunction in the axilla and sometimes over the abdomen. I usually ordered the abdomen bathed with turpentine three times a day. In some cases I used warm fomentations over the bowels with very good results, but the most obstinate cases progressed more rapidly when cold applications were used; and in many cases I believe them to be of great service. Diet and proper hygienic management were always attended to.

Thought Transferred—Mind-Reading not Muscle-Reading.

BY W. LYNN HENDERSHOTT, B. A., M. D., MILL SHOALS, ILL.

I have been much interested in the articles which you have been publishing in the MEDICAL AGE on Mind- and Muscle-Reading. Perhaps Brown, in 1847, in no greater degree surprised his audiences in his efforts at mind-reading than I have a few of my particular friends at "guessing" their thoughts. Allow me to say in the beginning that mind-reading is something with which I have experimented or practiced but little, consequently what I may say is not *ex cathedra*. But, nevertheless, the idea of muscle-reading and the vibratory theory of molecules to explain it, is so at varience with what I know about it that I would fain enter a protest against them. Not muscle-reading, for it is claimed —and it is indispensable to the vibratory theory— that a "contiguity of molecules" is necessary to convey the thought from one person to another, or rather convey the molecular wiggles which some suppose constitute thought, or again to set up the same molecular wagging in a second person. This contiguity I know is not a pre-requisite to mind-reading, for I have read people's thoughts when they were at a short distance from me, written them down, presented them to the individual and had him to ask "how did you know my thoughts?" Yet I freely confess that this takes more concentration of thought, more effort of mind, a longer time must elapse, and I am not so entirely satisfied that I am right, as when I can take the person by both hands; and it makes it still more easy for me to look the person in the eyes. Why this manual contact and look into "the windows of the soul" should make the effort easier for me I do not know. But that it is so I do know. Sometimes, when endeavoring to read thoughts, holding the person by the hands, I could not at once satisfy myself what his thoughts were. I would ask him to look me in the eyes, and when he did so I could tell almost instantly. I have also read people's thoughts by looking them in the eyes and not touching them at all.

Apropos, I would remark that I also can make some people read my thoughts. For instance, name colors or numbers of which I would think, etc., etc. Have done so with and without personal or molecular contact. Hence I am satisfied that thought-reading is not consequent on muscular tension or molecular action, and certainly the above facts will tend to lead other minds to the same conclusion.

Mind (allowing the word to stand for that power in man which conceives, judges and reasons) is not body, nor thought "body motion." That there is motion accompanying thought or the result of thought I do not deny, any more than I would deny that there is expansion accompanying heat or the result of heat. But that expansion is heat I do deny; so also do I deny that "molecular motion" is thought.

But, to the argument: First, I cannot conceive, neither have I any evidence to cause belief, that a quaver of a molecule is thought in any direction, or that a hemi-demi-semi-quaver of an atom or nest of

atoms. is thought of anything or to anything. Neither have I any evidence of molecular vibration. I admit a molecular motion which is chemico-vital, but not vibratory. Now, since the molecular-vibratory theory is advanced to help to prove that "mind is body," and that it is by this process that thought is transferred, as illustrated by the telephone, I wish to show by this same telephone that neither of the two propositions can be correct; that there is no vibration, hence, in this sense, no molecular motion, *ôl est*, no motion of the diaphragms or molecules of the wire transmitting the sound.

I will refer to the experiments of R. M. Ferguson and Count Du Moncel. These renowned authorities show that there is not the least vibratory motion in the receiving diaphragm, and common sense will teach even a tyro in science that it is impossible for the transmitting diaphragm to vibrate at one, and the same moment, to more than one sound or note; impossible from the fact that a certain number of vibrations must be made per second to give a certain letter. To sound "A," for instance, we must have 440 vibrations per second—vibration "once in and once out"—a *bending* "once in and once out." The high "C" of a Piccolo-flute gives 4,752 vibrations per second, and we can hear both letters at one and the same time, and many others for that matter, and I know that it is utterly impossible for a diaphragm or tympanic membrane to vibrate "A," 440, and "D" 4,752, in the same second. This is certainly too evident to need a backbone in the way of argument; but I would ask any reader to make, if he can, the "A" string on a violin vibrate at the same moment of time "A" and "C." It is as much impossible for a drum-head or diaphragm as it is for the second string of a violin, or any string, and we know that we can hear, by telephone or not, many sounds or notes made or struck at the same time, for instance the music of a band or piano.

But if any consider this doubtful, we have only to refer to the same authorities to prove that the telephone will transmit sounds without diaphragms. Remove both and speak against the naked poles of the magnet and the message is transmitted all the same, and that too without any body capable of vibration. The diaphragm aids, but not by vibration, the instrument in its work.

Hence the idea that thought can be read by the vibration of molecules, as illustrated by the telephone, must go to the wall; and in confuting this vibratory idea or hypothesis I do, so far as this supposition is concerned, prove that mind is not body.

AMERICAN MEDICAL ASSOCIATION.—SECTION ON SURGERY AND ANATOMY.

TUESDAY, JUNE 5TH—FIRST DAY.

This section met at 2:30 o'clock. Chairman, Dr. W. F. Peck, of Davenport, Ia.; Dr. Paul F. Eve, of Nashville, Tenn.

The first paper read was by Dr. R. Vance, of Cleveland, Ohio, on

The Radical Cure of Hernia by a New Method.—Referring to oblique inguinal hernia, he spoke of the peculiarity of his method as consisting in bringing together the two lips of the hernial opening by means of a deep-seated sutnre passed subcutaneously with a semi-circular needle.

In this way he converts the previously wide-open hernial canal into a closed valve, that resists all tendency to allow of a second protrusion.

Dr. D. P. Allen, of Cleveland, followed with a paper on

The Comparison of Antiseptic and Non-Antiseptic Method of Treatment.—His conclusions were as follows:

1st.—The fact that the operations in the abdominal cavity succeeded without the spray does not influence the employment of antiseptics with regard to other operations where there is a continued opportunity for infection.

2d.—It would appear that the spray is the least important of all the details in antiseptics, and that if the other details are attended to, proper drainage, dressing, and pressure may, by securing absolute quiet for a wound, avert danger.

3d.—That different methods are of different applications, and that whereas the spray may be most important when opening joints, and it the atmosphere of hospitals with bad hygienic surroundings, flooding might be equally efficient in certain other wounds.

4th.—That some prominent antiseptics, such as iodoform, would be most serviceable when other antiseptics are inapplicable, as in the removal of a tongue.

5th.—That although there are certain dangers in the use of antiseptics, these are more than equalled by the dangers attendant upon their omission, especially in large hospitals; and that dangers by poisoning are certainly decreasing as the application of antiseptics is becoming better understood.

6th. That investigation may develop a method of method of securing antiseptic results less onerous, and devoid of the disadvantages that now surround them.

The various antiseptic methods produce better results than any other method.

Dr Martin, of Massachusetts, in opening the discussion, remarked that in fifty years, he believed, Listerism would only be regarded as one of the curiosities of medical literature. By Listerism he must be understood to refer to the "destruction of bacilli," regardless of any other co-existent uncleanliness. He believed in general cleanliness in the treatment of wounds.

He further referred to Ambrose Pare's experience in French campaigns, where the wounds of the higher officers, who had all possible care and surgical oversight, proved far more fatal on the average than those of the common soldiers, whose injuries remained uncared for for days at a time, lying as they did utterly apart from all assistance at the

spot where they happened to fall on the field of battle.

Dr. C. B. Nancrede spoke strongly in favor of Listerism and against Dr. Martin's criticisms.

The next paper, on the "Value of Early and Late Operations in Morbid Growths, especially Malignant," was by Dr. S. D. Gross, of Philadelphia.

The section, after listening to a paper by Dr. H. A. Martin, of Massachusetts, on the "Treatment of Synovial Diseases by a New Method," advocating the withdrawal of the synovial fluid by aspiration and the application of the rubber bandage, adjourned.

WEDNESDAY, JUNE 6TH—SECOND DAY.

The section was called to order at 2:30 P. M. by Dr. W. F. Peck, of Iowa, chairman.

Dr. Robert Newman, of New York City, read a paper on "The Surgical Use of Electrolysis." The results which he had obtained from its use in stricture of the urethra had been excellent.

Dr. James R. Taylor, of New York, read portions of an elaborate paper on

Fractures of the Long Bones—which was profusely illustrated by well-executed drawings. The doctor first spoke of fracture of the thigh-bone, which he treats with a saddle made to fit into the perineum, whereby he secures the most perfect comfort possible by any apparatus used for the purpose of counter-extension. This neatly devised little saddle is held in position by a strap running to the head-board on each side, thus securing the limb in an immovable position. By fastening strips of adhesive plaster, previously secured to the leg, to a peculiar spring arrangement attached to the foot of the bed, he can produce any desired degree of extension. The chief advantage of the whole apparatus over all other instruments is the little saddle on which the patient sits, as it were, with comfort, rather than misery, as in most other methods, and the arrangement of springs. The doctor announced himself as positively opposed to the old method of using stones and other suspensory weights to produce extension of the limbs, and then turned his attention to

The Treatment of Fractured Ribs.—He brings the broken ends into place by raising the arms over the head, an original method, by which he claims there is no trouble in adjustment. They are then held in place by a band of adhesive plaster around the body. He gave original methods of treating broken wrists and collar-bones, illustrating the treatment of the latter with a living example in the person of an Irish laborer of this city, who was suffering from an injury of the kind named.

Dr. E. M. Moore, of Rochester, N. Y., read a very interesting paper on

The Treatment of Old Cases of Compound Dislocation of the Ulna in Connection with Colles' Fracture.—He thinks that in those cases of fracture of the radius known as the Colles' fracture, there is also dislocation of the styloid extremity of the ulna, which dislocation in many cases is not reduced, and great deformity is the result. At any time within six months from the date of the original injury, he rebreaks the united fracture and attempts a reduction of the dislocation, but when cases are of so long standing as not to permit of breaking the bones, he exsects the extremity of the ulna, thus making a useful and movable joint.

The discussion which followed was participated in by Dr. Wile, of Connecticut; Dr. S. M. Ross, of Altoona, Pa.; Dr. Quimby, of Jersey City, N. J.; Dr. Kinloch, of South Carolina; Dr. Mudd, of Arkansas, and Dr. C. Redin, of Illinois.

Dr. V. H. Coffman, of Omaha, Neb., read the last paper of the day on

The Treatment of Tender Spines by Subcutaneous Incisions.—He took issue with the usual method of treatment in such cases and said the simplest but most effective method, rest always understood, is subcutaneous incision over the seat of that portion of the spine which is implicated. His procedure is to introduce a tenotome at a point below the tender spot, thence passing it it a point above, and then by pressure, as he withdraws it, he cuts down upon the bone, and where tendinous structure is involved he divides the sheath of the tendon or performs longitudinal section of the tendon itself. He also incises the aponeurosis when it is the seat of disease.

The paper gave rise to numerous inquiries and a good deal of discussion, as the practice is a very novel one.

Dr. Coffman was recalled to re explain his method of making the incision, after which he was kept standing upon the stage for some time answering questions from various physicians relative of his paper.

The section then adjourned, to meet on Thursday, at 2:30 P. M.

THURSDAY, JUNE 7—THIRD DAY.

The first paper was read by W. A. Byrd, of Illinois, on

Excision of Both Hip-Joints.—The speaker said that ever since the first suggestion of the removal of the head of the femur, by Charles White, in 1769, for morbus coxarius, and the first execution of it, by Schmalz, in 1816, as stated by Dr. Sayre, or by Anthony White, in 1822, as claimed by Barwell, there had been great diversity of opinion among surgeons in regard to its propriety, a few favoring it, but many condemning it as utterly useless. For, while it might save the life of the patient, it frequently left a miserable deformed being, incapable of locomotion without the aid of crutches or cane. The chances of cure were no better than if the patient were left to depend upon the slow process of spontaneous exfoliation of the diseased bone, a process generally anticipated by death. Opinions, however, had greatly changed since the number of excisions had become sufficient

to compare with the older methods. The doctor then reported the case of a girl, ten years of age, who, after enduring the operation for the removal of the head and upper portion of the femur, was in due time able to walk without crutches, passing up and down stairs with ease. The operation consisted in an incision two inches above the great trochanter, continued downward, curving behind the great trochanter, and ending five inches below its origin. The soft parts were pulled aside and detached carefully, with the periosteum, from the bone, by means of a dentist's scraper. The head of the bone was brought out through the opening, and, on account of its softened condition, was divided just below the trochanter, there appearing to be no other portion of the bone affected. The dressing was oakum and balsam of Peru. A photograph illustration of this case was shown. He called attention to the time intervening between the attack and the excision of the joint, showing the period to be four months.

Dr. Byrd called attention to the splint used by him, which was first brought to his notice by Dr. Charles T. Parks, of Chicago; but stated that the inventor himself, Dr. W. T. Verity, of Chicago, was present, and called upon him to exhibit and explain his apparatus. Dr. Verity placed upon the platform an upright post, to which he attached a triangular frame made of strips of wood, fastened together by strong strap-iron hinges, and attached to the upright by means of a clamp. From the extremity of this triangle hung, suspended by a strong cord, the wire framework in which the patient lies, capable of adjustment to fit any desired position of the limbs. The triangular frame can also be adjusted at any angle, and can be attached to a door-post, or any such convenient upright. The entire apparatus is very portable, and can be packed up for transportation in a few seconds. While in this condition it requires no wider space than an ordinary violin-box. As the inventor explained point after point, proving the superiority of the apparatus, he was enthusiastically applauded.

Dr. L. Hall Sayre, of New York, complimented Dr. Verity very highly upon having the correct idea of suspension, but claimed for his father and himself the origination of the principle involved in the construction of every apparatus for suspension.

Dr. Moses Gunn, of Chicago, emphasized the utility of Dr. Verity's apparatus.

The next paper was by Dr. H. O. Marcy, of Boston, on

The Surgical Treatment of Intestinal Obstruction.—He stated that great triumphs had been achieved during the last decade in abdominal operations, and divided intestinal obstructions into three classes—chronic, late acute, and early acute—either or each of which might be caused by fecal impaction, fibrous or cancerous structure, intussusception, injuries, etc. The first and most important thing was a prompt and correct diagnosis. He asserted that the aspirator could be used to relieve gaseous distention with almost absolute safety, and that its use is followed by relief, though only palliative and not curative. He mentioned the reduction of gaseous distention of the rectum, recommending, however, that no time be lost in resorting to an operation, as the location of the trouble cannot be accurately known. Dr. Marcy recommended opening the abdominal cavity in the median line, taking care to preserve the utmost cleanliness during the operation. After the the obstruction had been removed, the edges of the wound should be brought accurately together, especially the opposed edges of the peritoneum, as the hemorrhage is generally grave.

In opening the discussion, Dr. B. A. Watson, of New Jersey, spoke in very commendatory terms of the method.

Dr. Gordon, of Maine, believed the time would come when physicians would be held criminally responsible for the use of the carbolic acid spray in abdominal surgery. He accepted antiseptic precautions, but not the carbolic acid spray.

Dr. Henry J. Reynolds, of Orion, Mich., then read a paper on

The Treatment of Stricture of the Urethra.—He said no importance whatever should be attached to the statement by the patient that his stream is full size. The size of the stream may be evidence of the presence of stricture, but not of its non-existence.

For either large or small calibred stricture he prefers internal cutting and stretching with Otis' instrument to all other methods. He always, however, provides the patient with a full-sized sound, with instruction to pass it every few days for an indefinite length of time.

If the stricture be too small for this instrument, he enlarges sufficiently to admit it, first with Thompson's or Maisonneuve's instrument, and then uses the Otis instrument, carrying the enlargement even beyond the normal calibre to ensure the absolute and complete removal of all obstruction, without which the cure is liable not to be permanent; the smallest amount of obstruction or contraction remaining, he claims, will furnish a ground-work for future gleet or contraction, or both.

He then gave a report of several cases treated by different methods, showing the comparative merits of each; among which was a case of extreme stricture involving external perineal urethrotomy without a guide, in which even the prostatic portion was contracted in its anterior part. In this case a pocket an inch deep, and large enough to admit the finger, extended upward and backward in front of the prostate, the septum between which and the urethra he cut across.

Dr. R. B. Bontecue, of New York, made a few remarks on his method of treatment of cystitis by external urethral section.

Dr. J. H. Warren, of Boston, followed with his paper on "Tissue Repair, or the Pathology of Subcutaneous Injections in Cases of Hernia." He ex-

hibited an improved syringe that discharges its contents automatically upon the slight pressure of a knob attached to the instrument.

A telegram was read from Dr. Dawson, of Cincinnati, expressing regret at his inability to appear at the sessions of the surgical section,

The following papers were read by title and referred to the committee on publication: "Syphilitic Mammary Tumors," by Dr. C. C. F. Gay, of New York; "A Form of Inguinal Hernia Liable to be Overlooked," by Dr. A. H. Wilson, of Massachusetts; "On Derrick and Improved Suspensory Apparatus for Suspension in the Application of Plaster Casts, etc.," by Dr. W. T. Verity, of Chicago. The section then adjourned.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

TUESDAY, JUNE 5TH—FIRST DAY.

The Section met at 2:30 P. M., Dr. J. K. Bartlett, President in the chair, and Dr. G. A. Moses, Secretary.

The first paper presented was that by Dr. W. H. Byford, of Chicago, on

Chronic Intero-Pelvic Inflammation.—The terms parametritis and perimetritis are supposed by many to include the whole subject of intero-pelvic inflammation.

These terms are misleading, because, as now often used, they present to the mind the idea that all cases of inflammation not confined to the uterus must belong to one or the other of them. Acute observation teaches the important fact that perimetritis and parametritis usually exist together, and are usually complicated with inflammation of the uterus, and not infrequently the ovaries and Fallopian tubes are involved. Chronic pelvic abscess is generally the sequel of acute inflammation, and attains chronicity from the imperfect evacuation of the pus after acute inflammation has terminated in suppuration.

The remedy in such cases is found in surgery, and consists in making a more direct outlet through the vagina, large enough to at once completely evacuate the pus and enable the surgeon to cleanse and disinfect the cavity.

He gave the following summary: First, the sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation. Second, the inflammation may be so slight as to be easily overlooked. Third, it may be an original condition, the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided. Fourth, to avoid the dangers of acute inflammation we should, in making the first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and when she complains of pain and suffering, desist at the sacrifice of complete diagnosis. Fifth, complaints of much tenderness to the touch or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition. Sixth, if with such tenderness a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There was no question in his mind that much less danger of ill effects is incurred in making examinations or operations on susceptible subjects under the free use of anæsthetics. Seventh, examinations or operations should not be repeated until the effects of the first have entirely passed off Eighth, as chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always inspected and its diagnosis be carefully considered in all cases of metritis. Ninth, when chronic parametritis is present it should be the chief, if not exclusive, object of treatment until removed. Tenth, it is not safe to use the sound, sponge-tent, or intra-uterine stem when there is parametritic inflammation. Eleventh, it is especially dangerous to replace a displaced uterus when it is bound down by inflammatory adhesion, by any means which will overcome its fixedness by force. Twelfth, all local treatment of the uterus must be conducted with the greatest care in all cases where the complication is present.

The next paper was on the subject of

Post-Partum Polypoid Tumor.—By Dr. Henry G. Landis, of Columbus, O. He described four forms: 1, blood polypus; 2, fibrinous coagula, with fragments of placenta and membrane; 3, prematurely detached strips of decidua, with or without clots; 4, hypertrophied patches of decidua.

The writer detailed two cases of the latter kind, very few being on record.

A short discussion ensued on a paper on The cure of the local uterine disorder did not by any means imply the cure of the nervous symptoms.

Dr. Jenks thought the chief value of Dr. Zenner's paper consisted in its enforcement upon the specialist of the necessity of general constitutional treatment.

Dr. G. M. Maughs, of St. Louis, read a paper on "The Midwifery and Gynecology of the Ancients," after which the Section adjourned.

SECTION IN DISEASES OF CHILDREN.

TUESDAY, JUNE 5TH—FIRST DAY.

In the absence of the chairman, Dr. Blount, of Indiana, Dr. Earle, of Chicago, was elected chairman *pro tem.;* and in absence of the Secretary, Dr. Sears, of Texas, Dr. Boothby, of Wisconsin, was elected Secretary *pro tem.*

The chairman *pro tem* then read a paper on

Cephalæmatoma in the New-Born.—The tumor spoken of is a soft, elastic, fluctuating tumor, situated on one of the cranial bones, due to rupture of a blood-vessel between the periosteum and the bone. It is usually noticed upon one of the parietal bones, and it can be detected by the fluctuation present. In the caput succedaneum there is no fluctuation; there is simply a boggy feel, an œdematous and bruised condition of the tissues. There were

four difficulties with which it is liable to be confounded: first, the caput succedaneum; second, congenital encephalocele, or hernia cerebri; third, erectile tumors; fourth, craniotabes.

The treatment advocated was letting the tumor alone; nature in a great majority of cases cures this difficulty without any aid from our art. There is a tendency on the part of parents and friends to interfere. Formerly it was regarded as good practice to open these tumors, but the fact that a certain number thus opened were followed by long-continued suppuration and exhaustion, and in some cases death, should deter us from operative interference. The special object of the paper was to call attention to the greater frequency of the difficulty than had heretofore been supposed; also to the four affections with which it is liable to be confounded, and to the fact that in a few cases, where pain, swelling, and tension become very great, it is admissible, indeed the best practice, to open these tumors and treat them antiseptically.

Dr. Wm. Lee, of Baltimore, said he did not know how craniotabes could be confounded with the above, as it was peculiar to rickets, and had accompanying it the many other symptoms of that trouble, which made it impossible for it to be classed with any other disease.

In regard to treatment of cephalæmatoma, while many cases get well without any interference, there were cases which unquestionably require surgical procedure.

Dr. Harris, of Virginia, had probably seen cases of the kind mentioned, but his mind had not before been so strongly impressed with the means of distinguishing between them and cases of caput succedaneum. He thought the points made in the paper deserved careful consideration.

Dr. Read, of Cincinnati, referred to a case of cephalæmatoma in which, while the diagnosis was not perfectly clear, the let-alone plan of treatment was recommended; but the parents being anxious, sent for another physician, who lanced the tumor. Hemorrhage followed, and the child died.

Dr. Boothby, of Wisconsin, had seen three cases falling under the title of the paper, the first one quite early in his practice, which perhaps was a partial excuse for opening the tumor. No bad consequences, however, followed the operation, and the child lived. In the other two cases he made no interference. He thought it a good general rule to let the misshapen head of the new-born alone, and nature would restore the normal form which existed before parturition.

The paper was referred to the committee on publication.

WEDNESDAY, June 6th.

The section was called to order by the chairman, Dr. R. F. Blount, of Indiana

Dr. Alexander Y. P. Garnet read a paper on *Epidemic Jaundice in Children.*—During the summer of 1881, remarkable for its unprecedented heat for a long period, he had under observation several cases of jaundice, the epidemic confining itself to young children. The author of the paper then reviewed the literature of the subject of jaundice, and followed it with a detailed history of one of the typical cases which came under his observation. The epidemic occurred in midsummer, after an unusually protracted period of high temperature, and in all the instances the jaundice appeared before gastro-intestinal disturbance became a marked feature. Dr. Garnet then referred to the usual causes of jaundice, directing special attention to gastro-intestinal catarrh, and expressed the opinion that in the cases in the epidemic referred to, this catarrh was not the real factor in the etiology, because the jaundice antedated the gastric disturbance. He believed that the essential element in the production of the jaundice was an affection of the nervous system, and quoted various authorities at some length to sustain that position. He then asked the question, In what manner does the deleterious agent of heat operate upon the nerves distributed to the liver to effect such a derangement of its normal function? The answer was that scientific research and experimentation had not yet supplied us with positive data upon which we can base a conclusive reply to this question.

Unity of Diphtheria and Membranous Croup.—Dr. A. Harris, of Virginia, read a paper on the above subject, in which he expressed the opinion that the diseases which have received the name of diphtheria and membranous croup are one and essentially the same. The paper contained extensive references to the opinions of various medical authorities upon this question.

Dr. Snow, of Michigan, believed that the two affections were essentially distinct. Diphtheria begins within a small space, and extends from that location over the mucous membrane. Croup never does this. It commences in the air-passages, almost always over the mucous membrane of the larynx, appearing as a very thin layer of false membrane, which gradually thickens until the child dies of suffocation. Diphtheria extends as erysipelas does in a measure; it begins and travels on, commencing in the pharynx and going down into the larynx Diphtheria is a decidedly contagious disease, while croup is not regarded as a contagious disease.

Dr. Wm. Lee, of Baltimore, said that he was a firm believer that there were two diseases. He differed from Dr. Snow with regard to the direction in which diphtheria had a tendency to spread, and said that according to his observation diphtheria has a tendency to pass up into the nose and he regarded this as an important diagnostic symptom In most cases which he had seen the patients had died from blood-poisoning, and in many instances had died from neglect in early treatment, sufficient care not being taken to cleanse the throat, especially behind the uvula. A child with diphtheria might die of croup. He believed, however, that diphtheria was

essentially a local disease at first, and constitutional secondarily. Dr. Lee directed especial attention to the fact that albumen is present in the urine in diphtheria and absent in croup. The plan of treatment, according to his experience, which had been most successful was the free use of alcoholic stimulants and quinine. The following remedy he had been using with marked success, and he gave the recipe, for some of the most important items of which he was indebted to Dr. Read, of Savannah, Ga., in order that the members of the Section might have an opportunity to try it during the coming year.

℞. Resorcin	gr. x.
Acid. tannic	ʒ j.
Acid. salicylic	ʒ iv.
Acid. boracic	ʒ ij.
Sulph. pulv	ʒ ss.

Mix thoroughly, and put a small pinch of this powder on the tongue every two or three hours.

The subject was freely discussed. There was about an equal division of opinion with reference to the unity or the duality of the diseases. Dr. Ulrich and Dr. Snow spoke very highly of the beneficial effects produced by the administration of calomel in large doses; ten-grain doses every two hours. The discussion was closed by Dr. Harris, who reviewed his paper and argued further in support of the opinion that the false membrane is a local expression of the blood-poisoning.

The Restoration of the Perineum by a New Method.—By Dr. H. O. Marcy, of Massachusetts. He advised the repair of the perineum by the use of lateral support. This he accomplished by the use of German silver wire, which possesses elasticity enough to make lateral tension, while the ends are so bent as to each form with the other a sort of safety-pin support, which thus holds the refreshened parts in position.

The last paper read was by Dr. R. S. Sutton, of Pittsburg, on

Enterotomy as a Complication in Ocariotomy or Oöphorectomy.—He related a case in which he had successfully removed four inches of the small intestine, and spoke of this case as the first successful operation of the kind ever performed in this country. Billroth, of Vienna, has performed the same operation abroad.

WEDNESDAY, JUNE 6TH—SECOND DAY.

The section was called to order at half-past two by the chairman, Dr. J. K. Bartlett, of Wisconsin.

Drs. R. Beverley Cole, of California, and J. Tabor Johnson, of the District of Columbia, who were announced for papers, being absent, the first paper read was by Dr. John Morris, of Maryland, on the subject:

What Means Can be Judiciously Used to Shorten the Term and Lessen the Pains of Labor?—He described lingering labor, dividing it into three stages: First, when the head remains high up; second, when it has descended into the pelvic cavity, but the parts are tense and undilatable; third, when the head of the child impinges on the perineum. He explained the procedures to be used in all these conditions and at what time to employ them. These procedures were, detaching the membrane around the cervix with the finger in the first stages, dilating the os with the pulpy part of the finger and stretching it continuously during each pain; rupturing the membranes, forcible external compression pushing the cervix over the occiput, administration of opium, ergot, but never in first cases, and finally, chloroform. These means all failing, the only alterative was the forceps. The doctor said that if the means he suggested were employed, laceration of the os and perineum, those *bêtes noir* of modern medical literature, would be obviated and post-partum hemorrhage, that greatest of all complications in labor, would be prevented.

Before the section adjourned, Dr. W. A. Taylor, of Cincinnati, offered a voluntary and very interesting report of

A Case of Laparo-Elytrotomy.—Dr. T. Reamy, of Cincinnati, said the one lesson to be drawn was to make the operation earlier.

Dr. Mather, of Louisville, thought laparo-elytrotomy was better than craniotomy, which had been attempted and could not be completed in the present case. In country districts the operation which should have been done was Cæsarean section, Porro's modification of Cæsarean section, or Mueller's modification of Porro's. The latter showed great success in European hospitals.

Dr. Reed, of Ohio, referred to a case of labor in a dwarf, with foot presentation. By the second day the body had been extracted as far as the head by traction. Finding it impossible to remove the head, they separated the body and pulled it with Hodge's long forceps. He succeeded in getting blades round the head. The woman got well without a bad symptom.

Dr. Williams, of Boston, claims that the high forceps operation was more fatal than abdominal section. He did not agree with Dr. Mathers that Cæsarean section was an easier or simpler operation. There was less danger of bleeding in Thomas' operation. Dr. Taylor's case was the ninth reported.

Dr. Jenks, of Illinois, was surprised that some one had not referred to symphysiotomy. Recovery of mothers, sixty per cent.; children, thirty-seven per cent. Not above 2 5-8 of antero-posterior contraction of the pelvis was possible in cases amenable to this operation. Drs. Morisani and Novi, of Italy, have reported many such operations performed successfully.

Dr. Dunlap, of Springfield, O., said that the mortality in such cases was very great. Death, however, teaches us lessons which cannot be learned in any other way. The cause of death was doubtless, in the case reported, delay in performing the operation. He would not condemn the operation, but it should have been performed much earlier than it was. Great care should be taken that suppression

if present, is promptly treated. He performed the operation upon the left side.

Dr. Dandridge, of Cincinnati, wished to emphasize the case with which the operation was performed although all the facilities were poor—great want of light, etc. The left side possesses very decided advantages; the finger of the left hand can be introduced into the vagina and so map out the ground. He did not attach much danger to hemorrhage from wounding the epigastric artery. Another lesson to be drawn is that this operation does not require any special preparation. In this case the operation was put off too long.

Dr. P. Zenner, of Ohio, then read a paper on

Value of Gynecological Treatment in Hysteria and Allied Affections.—While he acknowledged that the cure of uterine diseases was sometimes followed by relief of the nervous disease, he called attention to the injury occasionally caused by local examination or treatment. Cases were reported, some of which came under his own observation, some reported by others, in which gynecological measures had done direct injury. The manner in which harm can be done, principally of mental origin, was detailed. The author thought, for various reasons mentioned, that the etiological relation between hysterics and uterine disease was not as close as believed by many —a predisposition, often hereditary, was usually at its base. In conclusion, after warning against the promiscuous gynecological interference in all hysterical patients, he spoke of general measures to prevent the development of nervous diseases. If hysteria depended on defective nervous organization, Dr. Zenner thought no one had a right to demand of the gynecologist who removes a tumor that he must thereby give his patient that which she never possessed—a healthy nervous system.

Ulceration of the os uteri was a very rare disease in the unmarried, unless given rise to by the murderous practice of introducing the speculum into the virgin vagina two or three times a week, and injecting caustic solutions. He wished to state that the introduction of the speculum in the virgin vagina by a woman doctor was just as unfortunate in its result as the same examination by a man.

Dr. Gordon, of Maine, in the main endorsed Dr. Reamy's views, which were that if the symptoms of unmarried women pointed to uterine disease they should receive precisely the same treatment as in the case of a multipara. There was a morbid sentiment in the other direction. Were girls to endure uterine disease untreated by men physicians because they are unmarried? You will not have done you duty if you do not apply local treatment to girls with nervous symptoms pointing conclusively to the womb.

Dr. Catlett, of Missouri, thought that hysterical symptoms in insane patients (female) did not direct their thoughts to the generative organs.

Dr. Maughs, of St. Louis, said the great danger of the age was the over-zealousness of gynecologists. He condemned the universal practice of making digital examination for all hysterical symptoms; still very many married women suffer after marriage because they have not been examined before they were married, and treated for the uterine disease which really existed.

Dr. Crawford, of Illinois, believed that in nervous disorders due to uterine disease the removal of the local disease was only the first step in the treatment.

Dr. W. H. Myer, of Indiana, then read a paper on

The Surgical Treatment of Purulent Pleuritis.—He recommended making a free incision in purulent pleuritis, resorting to puncture only when the effusion was serous. A single puncture was allowable, chiefly for purposes of diagnosis. The reasons for using the knife after the first aspiration were the following: First, the cavity refills after aspiration; second, repetition of aspiration is painful, and causes more or less shock; third, much valuable time is lost by allowing the fluid to remain, and favoring the formation of firm adhesions which will be followed by contractions of the chest; fourth speedy relief of the lung promotes complete expansion. The admission of air into the pleural cavity has ceased to be an important factor in the operation.

Dr. E. Sinnott, of Ohio, and Dr. Christie, of Iowa, referred to cases which they had treated successfully by the free incision.

Dr. C. W. Earle, of Chicago, then read a paper entitled, "A plea for pleasant medication for children, and for a more thorough study of infantile therapeutics."

The Section then adjourned, to meet at 2 P. M. on Thursday.

THURSDAY, June 7.

The Section convened at 2 P. M., and the first paper was read by Dr. A. H. Good, of Indiana, on

Dentition.—In addition to the teeth acting as a foreign body, a reflex nervous irritability is produced. When the gums are swollen they should be divided to relieve pressure, pain and inflammatory action. Aphthous ulcers should be treated with a solution of persulphate of iron, or some other astringent lotion For the functional and concomitant derangement of the stomach and bowels, the result of enervation, he uses cold compresses to the abdomen and ice-water injections, and for the secondary symptoms pepsin, bismuth and carbolic acid.

Pediatric Medication.—Dr. B. Cassebeer, of Auburn, Ind., read a paper on the above subject, in which he spoke of the judgment necessary in administering medicine to children and of the necessity of giving as little as possible. He described his experience in making the medicaments palatable. He pointed out that the relation existing between diseases of children and that of adults was as that of the sprout to the full-grown tree. He conjured the profession to wake up to the realization of the fact that there is real science in the proper practice of medicine among the children, where the nature, expression and influence of disease is read by the physical signs and rational symptoms, unaided by the verbal language of the patients, and that any indifference or inclination to shift responsibility of

their treatment is only an evidence of weakness in the physician. The author directed especial attention to the lack of knowledge or misconception of the true principles of the practice of medicine as applied to children. He maintained that diseases of children and adults are essentially alike: that they have been presented in a way in text-books and by teachers as though they were different conditions; that the indications are the same for treatment in children as in adults. Special attention was directed to the treatment of pneumonia and pleurisy.

The general principles of the paper were discussed by Drs. Ulrich of Pennsylvania, Boothby of Wisconsin, Van Klein of Ohio, and others.

Dr Teal, of Indiana, then read a paper on

Infantile or Essential Paralysis.—He detailed the history of a case, a female child, seventeen months old. The patient was attacked suddenly. With the best possible treatment this paralysis lasts for a long time, if it is not permanent.

The paper was discussed by Drs. Myers of Indiana, Sisnott of Ohio, Snow of Michigan, and Hyatt of Ohio.

Dr. William Lee, of Baltimore, said, as Dr. Teal's paper was confined to a description of what he called paralysis coming on suddenly without any warning whatever, that he believed that these cases, almost as a rule had as an exciting cause rheumatism or neuralgia, and this from the fact that the patients get well in a short time under treatment appropriate for these difficulties. Dr Lee said further that sometimes the disease seemed to be, as it were, the beginning of hip joint disease, but increase of heat of the parts and other symptoms recognized as due to hip disease easily excluded the disease under discussion. As for the curative treatment of infantile paralysis he believed that at best it was often unsuccessful and even when successful was very tedious.

A somewhat protracted discussion on the identity or non-identity of croup and diphtheria was then entered into and was participated in by nearly all the members of the Section. The symptomatology was reviewed and various plans of treatment of diphtheria were discussed without developing anything with which the profession in general is not already familiar.

The section then adjourned.

SECTION IN OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

TUESDAY, June 5th.

In the absence of the chairman, Dr. A. W. Calhoun, of Georgia, Dr. J. Chisholm, of Baltimore, was elected chairman *pro tem.* Dr. Carl Seiler of Philadelphia, was secretary.

Paralysis of the Facial Nerve in Connection with Diseases of the Ear.—Dr. Laurence Turnbull, of Philadelphia, read a paper on the above subject, in which he directed attention to the fact that acute and chronic disease of the middle ear will give rise to temporary or permanent paralysis, alteration in taste, touch, smell, hearing and vision. Facial epileptiform convulsions, hemiplegia and insanity are also due to reflex phenomena from irritation and compression of the sensory and motor nerves of the ear, the result of necrosis of the temporal or mastoid bones. Paralysis of the parts supplied by the facial nerves occur, and are the result of acute inflammation of the ear followed by accumulated secretions in the Fallopian canal, or necrosis of the mastoid cells. Dr. Turnbull then recited the history of several cases which had occurred in the aural department of the Jefferson Medical College Hospital. The first was a case in which a woman, fifty years of age, had a malignant tumor situated in the ear, originally caused by a polypus which gradually extended from the interior of the ear, involving the meatus, auditory canal, temporal bone, and passing out through the auricle until it formed a large double tumor. The lesion was situated between the petrosal branches of the fifth nerve, involving the chorda tympani. It produced periostitis which gave rise to irritation and pressure that ultimately involved the brain and caused death. The second was a case of entire paralysis of the mouth and face, due to exposure and occurring in a patient twenty-four years of age. The patient died within a short time. The histories of other cases were mentioned. This form of paralysis is generally attended by pain, and as the pain is relieved the paralysis shows itself. This pain, however, is not in the facial nerve, but is of a rheumatic character generally, and from some irritation of the fifth nerve. The anatomy of the fifth nerve and its distribution were then given. Dr. Turnbull also referred to cases in which temporary facial paralysis occurred, due to simple swelling of the nerve. Permanent paralysis also of the same nerve might occur in connection with suppuration of the middle ear.

The paper gave rise to discussion, which was participated in by several members of the section.

Dr William C. Jarvis of New York, read a paper on

Tonsilotomy without Hemorrhage.—Reference was made to the wide difference in opinion entertained by surgeons of acknowledged authority on the question of hemorrhage following the removal of enlarged tonsils. He named those who discouraged the use of all sharp instruments as dangerous to life, and their opponents in opinion who insisted upon the indiscriminate removal of enlarged tonsils by means of the knife. Safety lay between the two extremes. The histories of two cases selected from a number were given as furnishing the basis for his views. In the first case reported, a profuse and persistent hemorrhage followed the removal of a hypertrophied tonsil excised with the knife. The tonsil presented an unusual appearance. Its surface was rough, marked with numerous fine indentations, and darker in hue than the surrounding mucous membrane. It had the consistency of cartilage, giving a harsh, gritty sensation when pressed upon.

Afterward another case came under observation where the tonsils were identical in appearance and

consistency as the one in which the copious hemorrhage occurred. The scissors and tonsillitome had been used by different surgeons. Alarming and profuse hemorrhage followed each operation. Convinced by the patient's unfortunate history and also by his own experience in operating upon a case of the kind that the knife was contra-indicated, he used the écraseur. Both tonsils were removed, each operation occupying three hours. The operations proved bloodless, causing but slight discomfort. When the first was performed the patient said there was no pain, and only complained of the procedure being tedious. Both of the tonsils, though very large, were removed and normal deglutition and respiration reëstablished. The hemorrhagic and non-hemorrhagic tonsil could, in many cases, be easily differentiated. The hard or scirrhous tonsil differs in many respects from the familiar soft, or malacholic, hypertrophied gland. It lacked the smooth surface, was not easily lobulated, and had not the softness of the familiar glandular hypertrophies. The occasional occurrence of a serious hemorrhage after tonsillotomy not resulting from laceration of contiguous tissues, showed the infrequency with which the harder scirrhous tonsils were met. The two forms of hypertrophy could be easily recognized and distinguished by sight and touch. Preference should be given to the tonsillitome in removing soft malacholic hypertrophies, since like the glandular tissues of the vault of the pharynx the hemorrhage was usually trifling and the pain only momentary. The écraseur afforded a safe, simple and reliable means for the removal of the scirrhous form of enlarged tonsil, which, when excised with the knife, bled invariably like its analogue, the nasal fibroid tumor.

Dr. Williams, of Cincinnati, preferred the bistoury to the guillotine for excising tonsils.

Dr. J. P. Thompson, of Indianapolis, thought that cutting off tonsils when they were inflamed was not good practice. But in chronic enlargement he had uniformly removed them, and no accidents or unfavorable results had followed the operation. He did not intend to over-estimate in the least, but believed that without exaggeration he had excised two bushels of tonsils, and thought no special advantage existed in the use of the instrument described.

Dr. Roe, of Rochester, had never met with a case of serious hemorrhage after tonsillotomy, although persistent oozing had occurred in several cases. He agreed with Dr. Jarvis that cases should be selected when operative interference was contemplated. Where there is simple hypertrophy, no adhesion to the palatine folds, we are quite safe in not expecting any hemorrhage. But where there are adhesions a small portion of the pillar of the fauces was very apt to be removed, and the liability to serious hemorrhage followed. He uses a peculiar blunt-pointed bistoury and small, long tenaculum forceps. The blade of the knife is about one-fourth of an inch wide and curved. He had also used the tonsillitome. In two or three cases the hemorrhage gave him considerable annoyance. In one of these the hemorrhage was controlled by pressure, and although at times it apparently ceased, removal of pressure was followed by persistent bleeding. Much blood was swallowed and vomiting occurred. The bleeding, he believed, was stopped by the effort at vomiting, from pressure upon the tonsillar artery. This was also recommended by an English surgeon. He has found port wine an excellent styptic for oozing.

The chairman believed that repressed cardiac action resulting from vomiting might explain the cessation of tonsillar hemorrhage.

Dr. Carl Seiler, of Philadelphia, had never met with persistent oozing of blood after tonsillotomy. His patients were given a powder of twenty grains of gallic acid, with thirty grains of tannic acid (a mixture suggested by Mackenzie of London), this to be used should secondary hemorrhage occur. The patients invariably return with the unused powder.

Dr. William Porter, of St. Louis, thought the determination of the effect of removal or non-removal of enlarged tonsils was called for as having an important influence upon the patient's career. In his experience local applications had not given good results. The Vienna paste or chromic acid when used mildly was inefficient; if applied as a caustic they were apt to increase rather than diminish the hypertrophy. He had used Jarvis' écraseur in six cases. Pain was, however, caused by its manipulation in his hands. He had met with profuse hemorrhage in a single case where he had excised the tonsils with a knife. The patient was a physician's child and the hemorrhage finally ceased without the employment of styptics. Hemorrhage, therefore may be looked for in certain cases. It was indivisable to remove the entire tonsil, excision in a line with the pillars of the fauces being sufficient. Hemorrhage most frequently occurs as a result of incision of the faucial pillars. The lessons taught in the paper were valuable and endorsed by him. In view of the opinion gaining ground in favor of Jarvis' écraseur, he would use it to remove enlarged tonsils. He also thought that if a small portion of the enlarged tonsil was removed it would be sufficient in most cases, and did not believe there was any special tendency to hemorrhage when the operation was performed in that way.

Dr. Jarvis commented upon the good fortune of some of the speakers who had so far met with no serious hemorrhage in removing enlarged tonsils, although it would seem that one of the gentlemen had had a very large experience. He was convinced that they had not met with a scirrhous or hemorrhagic growth. His opportunities for observation had been afforded by one of the largest throat clinics in the country. Out of a large number operated upon, the case described in the paper was the only one in which dangerous hemorrhage occurred. The history of hemorrhage in the other case was obtained from the surgeon who operated. The fact that the tonsillitome was used and only a small portion of the growth excised, showed that the hemorrhage was not caused by laceration of the fauces.

Five cases of fatal hemorrhage following incision of the tonsil from puncture of the internal carotid were cited as a warning against the free use of sharp-pointed bistouries. The palatine folds could be incised by even a blunt-pointed bistoury, but not by the tonsillitome. A case of death from exhaustion following the incision of a tonsil by a surgeon using the knife was mentioned, in which death from exhaustion occurred after three days' bleeding.

Cases of nearly fatal hemorrhage, reported by Drs. Geo. M. Lefferts, D. B. Delavan, and Andrew H. Smith, of New York, were referred to. A remarkable tonsillar hemorrhage, published by a physician as occurring in himself, afforded recent and reliable evidence on the subject. Though dashed with success it was well to take timely warning, as a fortunate record was liable to be blighted by the excision of an unnoticed scirrhous hypertrophy. As regards the question of pain asked by Dr. Porter, he called attention to the fact that the patient was permitted to remove the tonsil. Patients by this means can stop, when they feel a twinge, and permit the pain wave to fade away. When the physician removed the tonsil his activity was apt to cause pain.

Action of Nitrate of Silver on the Mucous Membrane of the Throat.—Dr. Carl Seiler, of Philadelphia, read a paper on the above subject, in which he stated that nitrate of silver, solid or in solution, is not a caustic; that is, it does not destroy the epithelial covering, and that its action varies according to the strength of the solution employed. When applied to the surface from which the epithelium has been removed it destroys the upper layer of cells. From clinical observation, the solid stick, or super-saturated solution, does not produce much pain on the healthy mucous membrane, but acts as a local stimulant. Solutions of from two hundred and fifty to one hundred and fifty grains to the ounce act similarly to the solid stick; little or no pain is felt, and the localized inflammation is of but short duration. Solutions of from one hundred and sixty grains to the ounce produce no pain whatever, but, on the contrary, act as a local anæsthetic when applied to the inflamed surface; they produce no perceptible local inflammation, although they stimulate the glandular secretions. These solutions will also frequently cut short acute inflammations. Solutions of less than sixty grains to the ounce produce more pain the weaker they are, and the anæsthetic and astringent action diminish in equal ratio with the strength of the solution, while the stimulant and irritant action increases as the solution becomes weaker. The glandular secretions are materially increased by weak solutions of the salt. When the stimulant and irritant action is desired, the nitrate of silver in fine powder, highly diluted with starch is preferable to the solution, since the fine granules of the silver salt set up points of inflammation and increased blood-supply.

Dr. Wm. C. Jarvis, of New York, considered nitrate of silver one of the most valuable of all local applications used in the special treatment of diseases of the throat. The different effects produced by the salt in various forms and parts should be constantly borne in mind. It was unequalled by any other agent in controlling the extension of superficial ulcers of the mouth or pharynx, when used fused or in full strength. Its healing quality in this respect was partly antiseptic in nature, primarily a stimulant, subsequently anæsthetic, and largely protective. When shellac varnish was carefully applied to a superficial sore in the mouth, associated with perversion of the buccal secretions, it would rapidly heal. The silver salt produced the same beneficial result, since the chemical coating or eschar formed protected the ulcer from the action of acrid secretions. This metal, albuminate of silver nitrate, had been shown by experiment to be a most powerful antiseptic. Nitrate of silver did not exercise the same controlling influence over deep ulcers, and was often contra-indicated in the treatment of these lesions. Solutions of the salt were not well borne by the nasal mucous membrane. Catarrhal troubles in the throat and mouth were benefited by sprays containing the salt in solution. It was a valuable application in chronic, congestive, or inflammatory disease of the larynx in the strength of from five to fifty grains to the ounce, the best results being obtained by atomization.

Dr. Seiler, in closing the discussion, which was participated in by a number of gentlemen, said that when nitrate of silver was applied frequently, and for a considerable length of time, there would be a deposit of the substance itself beneath and within the epithelium which would stain the tissues. He knew of no method of removing these stains, because they were produced by the oxide of silver, which is practically insoluble except in cyanide of potassium, which could not be used locally.

With regard to nitrate of silver, either in stick or in solution, producing ulcers and eschars, he could only say that in those cases the local sore was not caused by destruction of the epithelium, but was due to the localized inflammation produced by the fine particles of silver acting as foreign bodies; that is, the stick or the strong solution does not produce the eschar, but the particles of silver set up a localized irritation which produces rapid cell death, the same as does many other substances.

He has never succeeded in removing nasal polypi with nitrate of silver; its application to these growths always caused pain. Has seen microscopic specimens from the eye of a rabbit, showing inflammatory action of the salt upon the intra-ocular tissues. He believed with Dr. Jarvis that location had much to do with the strength in which the silver should be applied.

Benefit could not be derived from using a ten-grain solution of the salt in acute tonsillitis; solutions of from sixty to one hundred and twenty grains to the ounce would cut short the inflammation.

A paper on "Myringitis," by Dr. Williams, of Minnesota, was read by title and referred.

The Medical Age.

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[Reported for the MEDICAL AGE by Thomas N. Reynolds, M. D., of Detroit.]

AMERICAN NEUROLOGICAL ASSOCIATION.—The ninth annual meeting of the American Neurological Association was held in the Academy of Medicine, 12 West Thirty-first street, New York, on June 20, 21, and 22, 1883.

It was called to order at 2:30 P. M., by the retiring president, Dr. Wm. A. Hammond, of New York. In the course of a few remarks, he said many papers of last year's meeting were reprinted in several languages in Europe. Great interest was taken in neurology in America, but not as much as that department deserved. He then introduced the president-elect, Dr. Robert T. Edes, of Boston.

Dr. E. C. Seguin being absent, Dr. R. W. Amidon, of New York, was elected secretary.

President Edes then read the annual address. He reviewed last year's progress in neurology, and said the principal advancement was in a better knowledge of analysis as a means of locating nervous diseases. Owing to a lack, however, of sufficient essential knowledge in the beginning of some nervous affections, many theories were yet only speculations. This was a source of great regret, for a correct view of early symptoms was all-important. Errors as to these symptoms arise in one class of minds, who have usually much confidence in drugs, from attributing every improvement to recovery from organic lesions that do not always exist, but whose symptoms are in some cases only simulated by an affection scarcely more than functional.

In another class of minds, errors arise from regarding all post mortem lesions as having existed from the beginning, and attributing failure in therapy to mistake in diagnosis. Both sets of men are necessary to progress and research, and yet both require for correction, sometimes, a third class of minds, more cool and reflective.

Officers for the ensuing year were then elected as follows:

President—Dr. Isaac Ott, of Easton, Pa.

Vice-President—Dr. W. R. Birdsall, of New York.

Secretary and Treasurer—Dr. R. W. Amidon, of New York.

Councillors—Drs. V. P. Gibney and W. J. Morton, of New York.

A committee was appointed to draft and present a letter of respect to the memory of the late Dr. Beard.

Dr. W. J. Morton, of New York, exhibited a man, æt. 65, with traumatic neuritis of right brachial plexus, from dislocation into the axilla, which was properly reduced at the time, ten months ago. Arm was wasted and flabby; skin glazed, flaccid and mottled purplish red. Hand was much enlarged, stiff, brawny, club-like, devoid of hairs, always cold, with painful joints, club shaped and rapidly-growing nails, and a number of hypertrophies resembling small fibrous tumors on the palmar surfaces of the phalanges. Atrophy of connective and other tissues being the rule in neuritis, the fibrous hyperplasia in the hand of this patient was unique, with the exception of one other reported by Weir-Mitchell. This case also furnished an instance of ascending neuritis, as evidenced by an extension of the symptoms to the opposite arm ten months after injury to the right axillary plexus. In the left arm are now found electrical changes approaching the reaction of degeneration found in the right; and what was very interesting, there was also now found in the left neuro-muscular hyper-excitability, although the muscular contractures following irritation of motor points were not as marked or permanent as in the right. It was the first time this symptom was observed in traumatism of peripheral nerves, and it corresponded exactly with Charcot's description of it as found in the lethargic stage of hypnotism of the hysterical. The contractures here were not due to degeneration of muscles, but to exalted activity of those spinal centres suffering from a neuritis which had ascended from nerves of right axilla. During the four months of treatment, improvement was marked. Treatment was by elec-

tricity, severe blistering over brachial plexus, hot and cold douches, and cod-liver oil.

Dr. Putnam, of Boston, had seen neuritis follow dislocatiou, and also sudden strong extension of the arm. For treatment he favored several hours, and sometimes days', continuous application of ice, protecting the skin from extreme cold with flannel interposed.

Dr. Gibney, of New York, thought myelitis from compression, as in vertebral caries, more curable. Thought that in myelitis that had ascended from spinal nerves the reflex gray centres were more affected than the cerebral inhibitory tract, while the latter was more affected in compression myelitis.

Dr. Mills, of Philadelphia, had seen several cases of brachial neuritis, and in one there was neuromuscular hyper-excitability of the affected arm.

Dr. Hammond, of New York, emphasized rest in the treatment, and favored stretching the nerve in some cases, to cut off its natural stimulus.

Dr. Webber, of Boston, also favored rest, and blisters over nerve.

Dr. C. L. Dana, of New York, read a paper on "Hydrobromic Acid as a Substitute for the Bromides." He said it was first used, in 1875, by Dr. Wade, of Holly, Mich. Since then many physicians had used it in practice, and Dr. Reichert had experimented with it on the lower animals. It was found to depress the reflex functions of the spinal cord. He had hoped it would prove as useful as the alkaline bromides in epilepsy, without producing depression and scurvy; but he had not found it quite equal to them, although it has a marked controlling influence over the disease. He had seen benefit in the more controllable cases from ʒ iv. or ʒ v., daily, of the officinal ten-per-cent. solution, and in one case that had resisted other treatment, the epileptic attacks were reduced from two or three a day to one in two or three weeks by ʒ iv. or v. of the dilute acid per day. It lost its effect, however, in six or seven months. Possibly it might be as efficient as the alkaline salts, in equivalently large doses. Its best uses were in nervous irritability, congestive headaches, post-hemiplegic nervous and circulatory disturbances, irritable heart, and as a general nervous and vascular sedative. For sedation, ʒ i. to ʒ iiss. of the dilute acid were required. It was a good solvent for quinine, but did not prevent cinchonism.

Dr. Hammond had not found it in any respect a substitute for the alkaline bromides. He found it to prevent the unpleasant effects of quinine, but not so effectually as a small dose of sodium bromide.

Dr. Eskridge, of Philadelphia, thought it prevented cinchonism, and was useful in typhoid fever.

Dr. J. J. Putnam, of Boston, read a paper on "Lead-poisoning simulating other diseases, and on the danger of mistaking bismuth for lead in analysis of urine."

In obscure symptoms referable to cerebro-spinal centres, urine should be examined for lead. Iodide of potassium should be given freely before collecting the urine, and a quart or so should be obtained for each analysis. Patient should be questioned as to taking bismuth, for its reactions were the same as lead, and it appeared in the urine under use of potassium iodide, as late as four weeks after being discontinued. In one case of diffuse interstitial myelitis, and another resmbling transient poliomyelitis anterior, and another with cerebral symptoms seen in some forms of dyspepsia, lithæmia, and chronic nephritis, lead was found in the urine, and great improvemcnt took place under use of iodide of potassium; but in none of these cases, nor five others observed with lead in the urine, were there blue line on the gums, colic, emaciation, discoloration of skin, atrophic paralysis of extensors, or typical cerebral symptoms.

Dr. Webber said that besides the pricking and numb sensations, parasthesia, etc., he had noticed in lead-poisoning affecting the cord, various other disturbances of sensation, often so slight as to require great care to ascertain them. Another source of error in testing urine for lead was, that when it was allowed to stand and decompose, and become alkaline, a chemical reaction took place between the alkaline liquid and the glass, and lead was precipitated from the glass.

Dr. Mills said that besides the typical forms of lead-poisoning, we get all sorts of affections from it—cerebral, spinal, etc. He had seen from it weakness of all the limbs and tremor, and believed strongly in the theory suggested by Dr. Ringer, that lead and perhaps other metals, as well as the diphtheritic virus, were protoplasmic poisons.

EVENING SESSION.

Dr. J. T. Eskridge, of Philadelphia, reported an extreme case of "General Neuralgia," in a man, aged thirty, of nervous, irritable appearance. His father died of supposed inflammatory spinal trouble. Mother was living, but suffered from pain in abdomen. His three children were healthy. The attack began in lumbar region of spine, in April, 1881, after sleeping in a damp bed one night. Pain continued there one month, and then extended to left sciatic nerve. Pain of leg could be relieved by pressure over sciatic nerve at exit from the pelvis. It continued in both these regions for another month and then disappeared, but pain was felt on firm pressure of sciatic nerve.

Though suffering much, he worked as a moulder during the first two months, and continued to work till October, 1881, when melted iron fell in his left shoe and burnt his ankle so that he was laid up ten weeks. In January, 1882, he again suffered a month from pain in the cord and all the nerves of left leg. Then he worked till October, 1882, when he stayed in hospital five weeks from pain still in same region.

In January, 1883, he was again confined to hospital. Had great pain in back and left leg, ate and slept badly, bowels constipated, temperature 100°, pulse 92, respiration 24, spine now tender on pressure in both dorsal and lumbar regions, and all the

nerves of left leg were seats of neuralgic pain and sensitive to light pressure.

Treatment was rest in bed, blisters over cord and affected nerves, extension and counter-extension of left leg, deep injections of morphina and atropina combined, and chloroform, internally ergot, bromides, strychnina, iodide of potassium, and other agents used in neuralgia and rheumatism. He grew worse while taking iodide of potassium, and pain was increased by chloroform injections. Morphina and atropina injections were the remedies which afforded any relief and their effects were soon diminished. The only complete relief was from alternating bladders filled with ice, and rubber bags with hot water to the spine and left sciatica every five minutes for one hour each day. Under these applications no morphine was required, his appetite and general condition grew better, and he was able walk about. At this time the neuralgia had become general over the body, most of the large sensitive nerves being painful on pressure, the left fifth cranial alone having escaped.

In April, 1883, about a month after all active treatment was abandoned, he began to improve under a mild faradic current, and at present recovery is nearly complete. During the past week pustular eruptions took place over superficial nerves of both arms and portions of the chest.

The attack was thought to be neuralgic, rather than general neuritis following inflammation of cord and membranes, because: 1. It lasted over two years and now leaves the man almost perfectly well. 2. Pressure at different times over sciatic above, relieved pain in limb below. 3. There were no reactions of degeneration or other trophic disorders in this case, and recovery was quicker and more complete than it would be in myelitis with general neuritis. 4. The left leg and right fifth cranial nerve were severely affected, while the left side of the face entirely, and the right leg almost entirely, escaped. 5. The pain was often shooting or stabbing, and was not the dull ache of neuritis.

Against its being syphilitic was the fact that in January, 1883, he grew worse under an anti-syphilitic treatment of several weeks, and did not begin to improve till a month after that treatment was abandoned. Also there never were any anzones or areas, such as sometimes occur in syphilitic neuritis.

Dr. C. K. Mills, of Philadelphia, then a paper on "Locomotor Ataxia Terminating as General Paralysis of the Insane." He said the relation between locomotor ataxia and general paralysis of the insane had interested neurologists and alienists since Westphal's investigations in 1863. He related a case of locomotor ataxia, in which after it had existed five years, and involved staggering of speech, tremor of tongue and lips, and great severity of other ataxia symptoms, mental disturbance became manifest. He began to spend his money very freely and had lofty ideas, but the delirium of grandeur did not develop till a year later, when he was sent to an insane asylum. His delusions became of the wildest character, he was irritable and hard to manage, had two apoplectiform seizures accompanied once by slight spasm, and died two years after going to the asylum, three years after first insanity and eight years after first ataxia pains. Post mortem: the pia-mater over both cerebral hemispheres, particularly in the postero-frontal, and parieto-temporal regions, was found opaque, with congestion and adhesions at points, and there was marked decortication and atrophy of the convolutions. The pia of the cerebellum, especially over the superior vermiform process, was deeply congested and adherent. The pia of the cord was thickened, and the substance of the cord was irregularly shrunken. Microscopical examination showed marked sclerosis of the entire posterior columns of cord, especially in lumbar region, with general inflammation and thickening of the pia mater. Sclerosis was also present in the medulla oblongata, pons, crura, optic thalami, cerebellum, and convolutions examined.

According to Westphal and Hammond, no direct relation exists between the morbid process in the cord in posterior spinal sclerosis, and that in the brain in general paralysis of the insane.

Leidesdorf, Maudsley, Calmiel, Baillarger and Charcot, speak of cases where disseminated sclerosis exhibited all the symptoms of general paralysis of the insane.

Dr. Shaw and Dr. Webber each mentioned a case of locomotor ataxia followed by general paralysis, and dementia paralytica.

Dr. Birdsall believed that the sclerosis is Dr. Shaw's case, which he had seen post mortem, and also that described in Dr. Mills paper, were secondary to meningitis. Dr. Mills replied that he thought it quite possible.

SECOND DAY—AFTERNOON SESSION.

The president, Dr. R. T. Edes, of Boston, read a paper on "The Excretion of Phosphites and Phosphoric Acid as Connected with Mental Labor." He reported a number of experiments made upon himself to ascertain if phosphoric acid was increased in the urine after mental labor.

In one set they were made in the afternoon on which he lectured and employed several hours in writing and reading, the secretion of the succeeding night being included in the same experiment. In another set the time was passed as nearly in a state of mental vacuity as possible. The results showed no material difference in the average of phosphoric acid excreted. It was not fair to infer from these figures, of course, that no phosphorus was used up in the process of cerebration, but they showed that the amount of phosphates derived from the metamorphosis of brain-tissue in a state of physiological activity was so small in comparison with that from the entire system, that it has no perceptible effect on the total of phosphates found in the urine.

Dr. Jewell had not the experiments, but had always believed it unlikely that protracted mental effort should perceptibly increase the total of phosphoric

compounds resulting from tissue metamorphosis of entire body.

Dr. S. G. Webber, of Boston, reported "Eight Cases of Locomotor Ataxia, with Unusual Symptoms and Marked Remissions in Their Course."

Case first had no prominent symptoms, but attacks of gastric flatulence with violent pain.

Case second had the girdle sensation manifested in restriction of respiration resembling laryngeal spasm, but without cough. In case third diabetes and occipital pain were the principal symptoms. In the fourth case was deafness such that the voice could not be heard, which was a rare symptom and probably due to atrophy of auditory nerve.

The remaining cases had prospects of permanent recovery, one having been free from symptoms for four years.

Dr. Walton, of Boston, had examined with reference to deafness over forty cases of ataxia, and where deafness was found he believed it not due to degeneration of the auditory nerve. Hearing for high tones was not lost, and was best through bone on side in which deafness was most marked.

Dr. Jewell, of Chicago, believed absolute rest in bed for months, with judicious massage to aid general nutrition, the most important of all measures in locomotor ataxia.

Dr. Hammond had seen the same benefit from rest; but called attention to some European report of benefit from frequent forced coördination exercise on the part of the patient.

Dr. R. W. Amidon, of New York, exhibited a child lately recovered from "tetanoid pseudo-paraplegia," which was preceded by subacute hydrocephalus. He suggested the possibility of the tetanoid symptoms in legs being produced by changes in the cord which had descended from the encephalic trouble. He also exhibited two elderly women with "Parkinson's Disease." In one the disease had existed five years. She had the facial expression and all other symptoms of paralysis agitans, but never had a particle of tremor. In the other woman there was tremor of left side of body, and none whatever in the right side. Both cases followed severe bereavement.

Dr. V. P. Gibney, of New York, exhibited two men, one the subject of "Progressive Muscular Atrophy with Marked Fibrillary Twitchings," and the other presenting extreme "Muscular Atrophy of Left Leg with Fibrillary Twitchings," following an old gunshot wound in left knee.

Dr. Morton, of New York, read a paper on "Treatment of Scrivener's Palsy." He got more lasting results from stretching the affected muscles than by electricity. He favored Nussbaum's idea of bringing the extensors into use instead of the flexors and adductors, and exhibited a simpler device than Nussbaum's apparatus. It is a long light thimble with stub-pen attached and worn on index finger. A light rubber band is slipped over thumb and fingers to steady them and offer slight resistance to extension and abduction, and patient then writes by the shoulder movement.

Dr. Dana approved the device and suggested it as a prophylactic.

Dr. Putnam feared the extensors would soon suffer too.

Dr. Webber favored learning to write with opposite hand.

A paper by Dr. E. C. Seguin, of New York, on "The Insane of Spain and Their Asylums" was read by title. In this paper he said Spanish statistics showed thirteen per cent. increase of insanity there in the last three years. General paralysis varied from two to twenty-five per cent. in the asylums, and was most frequently caused by alcoholism, syphilis and excessive intellection. With the exception of half a dozen men in charge in the different asylums, most of the physicians had but little knowledge of psychiatry. They had only a vague idea of the benefits of non-restraint, amusement and occupation. There is but little clinical instruction in mental diseases, and no association of alienists. Private asylums were very well managed, but the provincial asylums were bad. They lacked in size, grounds, and materials for amusement and instruction.

They were inclined to regard patients as indifferent to comforts. At Valencia restraint was severe, and in one small dismal room there were thirty to forty women squatting, nearly naked, on straw; and the males were equally destitute. But the alienists in charge were extremely courteous to visitors.

THIRD DAY—AFTERNOON SESSION.

Dr. G. M. Hammond presented a patient recovered from syphilitic locomotor ataxia on 75 grains daily of pot. iodide. Dr. Wm. A. Hammond, his father, corroborated the diagnosis.

Dr. F. T. Miles, of Baltimore, reported a case of "nutritive alteration in the hand from pressure of head of disloeated humerus in axilla." There was great deformity of hand with glossy skin, insensibility to touch, heat and cold, loss of muscular power, especial deformity of little and ring fingers, all coming on slowly from pressure in axilla, and with pain exclusively about shoulder. He thought some forms of neuritis might alter nutrition and function, with absolute pain.

Dr. B. G. Wilder, of Ithaca, N. Y., read a paper on "The Brain of Cat without a Callosum." Cases had been reported of nearly complete absence of the great cerebral commissure in man, but this was the only one recorded among the lower mammalia, and the only case among the several hundred cats' brains examined at the laboratory of Cornell University. He exhibited the brain to the association. There was no trace of callosum, nor fornix beyond dorsal limits of portæ, and præcommissure and medicommissure were larger than usual. He thought the habits and intelligence of cat was that or ordinary cats, for, if otherwise, the persons who brought it to him would probably have mentioned it.

Dr. Wilder read another paper on "The Alleged Homology of the Carnivoral Fissura Cruciata with the Primatial Fissura Centralis."

T. Lauder Brunton assumes that these fissures correspond, but writers should say whether by correspondence they mean analogy or homology. The disagreement of so many competent observers regarding the homology of these two fissures should make all slow to decide; for example, the human centralis has been homologized not only with the cruciata, but the superorbitalis, the coronalis and the ausata, together with the coronalis; and the cruciata has been homologized not only with the centralis, but with the first frontal, the calloso-marginalis, and the occipito-parietal.

Dr. W. J. Morton, of New York, read a paper on the "Treatment of Migraine." He referred to Du Bois Reymonds' theory of contraction of muscular walls of blood vessels of affected side, and believed that in the vaso-motor theory we have a definite working basis for treatment. There are two types, angeio-spastic, and angeio-paralytic; often treated by opposed measures.

Out of thirty-five private cases, twenty nine were angeio-spastic, and that type was considered most common. In that type bromide of sodium, ʒ j, at once, and repeated in an hour and a half if attack continued, generally brought immediate relief. Patient should then take gr. xv. three times a day for several months. The depressing effects of potassium bromide were not found in the sodium salt.

In cases of spasm of vessels, bromides increased amount of blood in brain by depressing excitability of vaso-motor mechanism, thus relieving spasm and ischæmia of the vessels.

Nitro glycerine is often very efficacious and acts in the same way. It and the bromide in the same case, often do better than either alone, the bromide before meals and nitro glycerine after meals.

In the angeio-paralytic type strychnina improved tone of vessels, and ergot produced vaso-motor spasm.

Dr. Hammond found temperature in external auditory canal of affected side from one to two degrees higher in paralytic variety, and as much below normal in spastic variety. This was a simple means of determining the type, when otherwise it was difficult to decide.

He had seen two cases with paralytic variety on one side and spastic on the other, and failed to cure either. He thought strychnina more useful than ergot in paralytic variety.

Dr. Mills had found both varieties on same side.

Dr. Dana had not been able to distinguish between the two forms, and did not believe treatment could be positively based on the spastic or paralytic condition of vessels. He had found cannabis indica very effective when attack was coming on.

Dr. W. R. Birdsall, of New York, presented statistics from various sources to show the "Relation of Syphilis to Locomotor Ataxia." Of 525 cases of ataxia, 225, or 43 per cent., had syphilis. There was a difference in percentage of syphilis with different observers. In Erb's 100 cases, 88 per cent. had syphilis; while in Dr. Birdsall's own 42 cases, only 4 per cent. had syphilis.

He also exhibited a "Hand Electrode" of his own device, for electrical tests and therapeutical purposes. The current could be interrupted and reversed at the same time.

THIRD DAY—EVENING SESSION.

Dr. C. L. Dana, of New York, read a paper on "Galvanization of the Brain and its Value in the Treatment of Chorea."

Though chorea generally runs a typical course and is often self-limited, it may continue months and years, and therefore requires the best therapeutics.

Had found benefit from anodal galvanization of brain, which was the most rational form of electricity in chorea. It lowered cerebral irritability, contracted pial vessels, slowed circulation and improved brain nutrition. Polar method and nomenclature should be used, as it was the pole and not direction of current which produced specific effects. Place positive sponge electrode on side of head above ear and negative in opposite hand.

In hemichorea place positive pole on side of head opposite affected side, and negative in affected hand.

Use three to five Stohrer's cells for three or four minutes daily for at least ten days.

Dr. Corning approved central galvanization, and Dr. Mills did also, but believed the manner of effect was indirect or reflex. Dr. Webber believed the action was reflex, and advised weak current.

Dr. B. G. Wilder, of Ithaca, read a paper on "Removal and Preservation of Human Brain," and another on "Points in its Anatomy." He advised more careful removal of calvaria, and greater accuracy in dissection.

Association then adjourned to meet at call of council.

How to Secure the Best Physical Condition After Parturition.—Dr. R. Tauszky read a very interesting and instructive paper on this subject before a recent meeting of the New York Academy of Medicine (Amer. Jour. of Obstetrics). He opened it with the question, Why is it that almost every woman, as soon as she becomes a mother, begins to suffer from some form of pelvic disease? He believed much of this suffering to be due to meddlesome (unscientific) midwifery. Intelligent and antiseptic midwifery, even though having the appearance of "meddlesomeness," should, however, he believes, be applied at every labor in order to the best possible physical condition of the woman. The first step toward this end are clean hands on the part of the accoucheur. His nails should be scrupulously clean, and the hands, after having been thoroughly cleaned with soap and water, should be washed with a three-per cent. solution of carbolic acid. All instruments and articles used about the woman should be similarly cleansed and disinfected. Just prior to confinement or in the first stage of labor the bowels should be emptied by an enema, repeated if necessary. The bladder, too, should be

emptied by the catheter, if necessary, and the vulva bathed with a weak solution of carbolic acid, or thymol.

During labor dilatation of the cervix should be carefully assisted by the fingers, and much advantage may accrue from gently pushing the anterior lip above the symphysis. Tough membranes should be ruptured. Chloroform should be used in primiparæ, but not to the extent of complete unconsciousness. The head and shoulders should not be allowed to press unduly for any considerable length of time on the perineum. To relieve such pressure apply the forceps.

The cord should not be tied until the umbilical vessels have stopped beating. This is a very important practical point. Crede's method of removing the placenta should be employed. The genitals should be carefully inspected after removal of the placenta, and any abrasion or laceration dressed with iodoform. The abdominal binder should be used and the child should be applied to the breast at the earliest possible moment. This early application of the child is in the interests of both child and mother, exciting necessary uterine contractions in the latter. In multipara a drachm of ergot should be given after the delivery of the after-birth. In normal labor ergot should never be given before expulsion of the child. [This statement we regard as both correct and incorrect. It is correct if it is intended to imply that the action of ergot should not be secured on the undelivered child in normal labor; incorrect if the statement is intended to cover the mere act of giving the drug. It takes from ten to fifteen minutes for the ergot to act, and the experienced obstetrician can so time the exhibition of it as to secure its action after the delivery of the child and at a time when its action on the uterus may be all-important in prevening hæmorrhage following the removal of the placenta.—Ed. Medical Age.]

The thermometer should be placed twice a day in the axilla, that any ominous rise in the temperature may be promptly met. As an application to excoriated nipples the following:

℞ Balsam Peru..... ʒ j
Olei amygdal..... ʒ jss
Aquæ rosæ..... ʒ j
Mucil. acaciæ..... ʒ jss.

M. Sig. Apply after last nursing, the nipples having been carefully cleansed.

Dr. Tauszky lays special stress on the necessity of preventing unnecessary hæmorrhage after parturition, and would hold the accoucheur responsible for the oozing of blood from the genitals for days after delivery. He maintains that not a drop should be lost after the third stage of labor, and that the napkins should be perfectly free from color. Should even slight discoloration occur, the source should be looked for with a view to checking it.

The bowels need not be moved until third day after labor. Intra-uterine carbolized injections should be used only when the lochia are offensive and when there is febrile movement. Even in such cases he thinks vaginal disinfecting injections are alone sufficient, except in cases in which the uterus has been injured. As such injections he prefers thymol to carbolic acid, and the parts should be thoroughly cleansed by injections of simple water either through a soft catheter or by means of the Chamberlain syringe.

Dr. Tauszky protests very strongly and very properly, in our opinion, against Dr. Goodell's plan of allowing the woman to resume the upright position within three days after labor. His frontier experience with the army convinced him of the fallacy of the belief that squaws are free from uterine trouble. Uterine affections are not uncommon among them, and they are due, in his opinion, to their habit of early rising after parturition.

Should pelvic peritonitis develop, he regards cold applications as the best, especially in the early inflammatory stages. At first the applications must be made very frequently. He exhibited Leiter's (of Vienna) device for reducing intra-pelvic temperature. It consists of metallic cylinders three-quarters of an inch to an inch and a quarter in diameter and two inches in length, within which were coils which terminated in two extremities, which projected from the extremity of the metallic bulb, and to which India rubber tubes could be attached to conduct water from a fountain above through the bulb into a basin below. He regards warm injections for peritonitis as dangerous.

In the discussion which followed Dr. Tauszky's paper, the views contained therein were generally endorsed, but the position in which he insisted on the necessity of absolute cessation of hæmorrhage after the termination of the third stage, was freely criticised. The value of cleanliness was emphasized, as was also the necessity of securing a condition of good health in the woman prior to parturition. Dr. Tauszky, in reply to his critics, again insisted on the possibility of absence of blood after expulsion of the placenta. To this end the firm, hard feel of the uterus must be secured before the accoucheur leaves the woman.

Etiology of Sea-Sickness.—The exact nature of the disturbance, physical or mental, which manifests itself in the symptoms grouped under the head of sea-sickness have never been definitely determined. A number of hypothesis have, however, been from time to time advanced. A writer, Dr. R. W. Lovett, in Popular Science Monthly, collates the more modern of these and presents them in a very lucid manner. That to which he gives preference locates the cause in the inner ear, which he graphically describes as a membranous bag filled with fluid and situated in the solid bone. From the back part of this bag run out three semicircular tubes communicating at both their ends with the bag or vestibule. These run in three different planes, and are lined with hair-like nerve-filaments, which are much more abundant and more sensitive

at the anterior part of the tubes. The tubes are filled with liquid in which float little calcareous particles, the otoliths. These tubes are known as the semicircular canals. It was difficult to see what connection with the sense of hearing these canals could possibly have and some time ago it was noticed that injuries to these impaired the sense of hearing in no way, but caused most curious effects in the loss of equilibrium. For instance, in pigeons, when the vertical canal was cut, the bird turned a series of back somersaults; and, when the horizontal canal was cut, the pigeon whirled around in a horizontal plane, in every case tending to rotate in the plane of the canal which was cut. And what is especially interesting to us is, that in these and other experiments irritation or injury to these canals was almost invariably followed by vomiting. Experiments, by Professor Ferrier and others, point to a very close relation between these canals and the sense of equilibrium, and an especially strong suggestion is given by the disease known as labyrinthine vertigo, or Ménière's disease. This is characterized by an irritated and congested condition of these semicircular canals, due to some internal cause, and its symptoms are the same throbbing in the head, the pale, cold skin, and vomiting, as in sea-sickness, and in addition the patient reels and staggers, being unable to keep his balance. In this disease we seem to have the exact reverse of sea sickness, the irritated condition of the canals causing the unusual movements of the body; whereas in sea-sickness we have the unusual movements of the body which result from the pitching of the ship, causing the irritation of the canals, and in both cases the irritated state of the semicircular canals is accompanied by vomiting. By the pitching movements of the ship, which are by far the worst, the head is carried backward and forward through a long arc. At the end of the descent the head stops, but by its inertia the fluid in the canals rushes on and washes the otoliths up against the nerve-filaments at the front of the canals. These are extremely sensitive, and the repetition of this process a few times serves to establish an excessive irritation which is expressed by giddiness and vomiting. Why such gradual motions should cause sea-sickness, while much more violent ones, such as horseback riding, do not, can only be explained by saying that in the more violent ones the individual has a stimulus to adapt his positions to the motion, which he has not in the often unnoticed pitching of a ship. At any rate, this theory explains why lying down should afford relief, as the otoliths then rests at the back and less sensitive part of the canals; and it also explains why riding backward should cause nausea and giddiness, as here, of course, the otoliths drag behind and irritate the anterior parts of the canals. Moreover, in some recent inquiries addressed to deaf-mutes upon another subject, the fact was noticed that all who were insusceptible to dizziness on account of the impairment of their semicircular canals by disease, reported themselves also exempt from sea-sickness.

If this hypothesis be accepted the fallacy of many of the remedies (ice bags to the spine, nitrite of amyl, champagne, chloral, etc.,) recommended for sea-sickness must be apparent. Bromide of sodium may be beneficial by lessening nervous susceptibility.

Lacrosse.—Dr. A. G. Smythe, of Baldwyn, Miss., contributes the following on this game: In the Medical Age for the 25th of June is a notice of a game of sport, "Lacrosse," said to be of Indian origin. The same or a similar game was common among all the aboriginal tribes of the south up to a half a century since. It was known by the Cherokees, Oakmalgees, Muscogees and Uchees as poco, or ball play, and was the most interesting and exciting game of sport and amusement known to the Indians. It was a common occurrence for different towns to challenge a neighboring village or villages, as the case might be, and if accepted the parties would meet at some suitable place, and it was a common practice for the leaders to stake a large part of their stock of horses and cattle upon the issue of the game. Neighboring tribes met upon their borders challenging a tribal game, and staking large tracts of territory upon the result of the game. The defeated party frequently charged that the game had not been decided by fair means or the rigid compliance with the rules, and would resort to arms to settle their real or supposed wrongs; and what began in sport and amusement frequently ended in war and bloodshed.

The excitement and dangers of the game required the most stringent rules which were rigidly enforced. No intoxicating drinks or arms of any kind were permitted to be upon the grounds or in the vicinity. All injuries received or inflicted, even to the loss of life, during the contest, if in accordance with the rules of the game, were treated as unavoidable accidents. Strange as it may appear with all the strain, fatigue and danger, the women took as much interest, and a few of them engaged in the game with as much hope of success as did the bucks. True, there was a modification of the rules for their benefit. They were permitted to use the ball in all cases with their hands, nor were the bucks to take it from them by force, but might hinder them, by getting in the way, from throwing it between the stakes or poles for game. These advantages, together with their fleetness on foot in the race for the ball, enabled them to succeed as often as did the braves. In all the games witnessed by your correspondent (he saw a number) one and the same woman, aged between twenty and thirty years, of spare build and light frame, the mother of several children, always outran all the bucks (from one to two hundred) in the game, and generally had the victory upon her side.

Well may it be said that as a game for wild savages, who are fitted for it, it may do. But even for professionals in civilized life it would be followed by injuries incalculable, consequent upon the great strain to all parts of the human organization.

to say nothing of the fatal accidents during the game, unless so greatly modified as to make it worthless as an athletic game of sport. Base ball and cricket afford no comparison as to the immediate danger of death from accident and excessive exertion whilst engaged in the same.

In a word, its introduction as an athletic game of sport among the youth in civilized life should be condemned, discountenanced and discouraged by all medical men and humanitarians all over the land.

Unfortunately for the influence of physicians in this matter, they are too little acquainted with the game of lacrosse, whole generations having never heard of it.

Since writing the foregoing I call to mind that there is a remnant of the Choctaw tribe in some of the middle counties of this state (Miss.), who, I am informed, indulge in the game occasionally. But it is likely that it is in a modified form. The law officers and courts would not permit it as played by the savages in former times.

THE MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of the Michigan State Board of Health was held in the Board's office, at Lansing, July 10, 1883, the following members being present: John Avery, M. D., of Greenville, president; Henry F. Lyster, M. D., of Detroit; Arthur Hazlewood, M. D., of Grand Rapids; Victor C. Vaughan, M. D., of Ann Arbor; and Henry B. Baker, M. D., secretary.

Dr. Avery presented a communication from Ephraim Follet, of Sheridan, Montcalm Co., relating to the overflow of lands caused by obstructing a stream for the purpose of running logs. He also read his reply to the letter, in which he stated the legal remedy and the difficulty in securing the abatement of such nuisances.

The secretary read his report of work during the last quarter, which showed that a successful sanitary convention had been carried on at Reed City, and arrangements had been made for a convention at Muskegon, August 23 and 24; that considerable correspondence had been had concerning the examination of plans for proposed buildings at various state institutions; that the report for 1882 had been distributed to various societies, libraries, etc.; that the weekly bulletin of health in Michigan had been regularly prepared and issued; that returns of the names and addresses of about 1,200 health officers had been received and filed; that a circular relative to the danger to be anticipated from small-pox, and one relative to the reporting of contagious diseases with appropriate blanks had been devised and distributed to all local boards of health; that the article entitled "Diseases in Michigan in 1882" had been compiled; that the accumulated letters of the office for the years 1873–1881 had been arranged and bound; that the compilation of the articles on "Meteorology in Michigan in 1882," and on "Weekly Reports of Diseases in 1882," was well in hand; that circular 55, relative to the work of health officers, had been revised to conform to the new legislation of 1883, and, if approved by the Board was ready for publication.

The secretary read a resumé of the recent work of other State Boards of Health.

The Board then proceeded to examine plans for proposed public buildings, under the law which requires all plans for State buildings to be submitted to the State Board of Charities, and to the State Board of Health. Plans were examined in detail as follows: For wings to the present school for the blind, at Lansing; for a proposed hospital at the Michigan asylum for the insane, at Kalamazoo; for a cottage hospital for the State public school, at Coldwater; and for a main building for the State industrial for girls, at Adrian, and made record of propositions which were approved, and several recommendations.

Dr. Avery reported a visit to Fremont, Newaygo Co., to examine into a nuisance caused by an extensive tannery, where five hundred tons of hides are annually tanned. He had made recommendations which in his opinion would abate the nuisance, and it had been promised that his recommendations should be complied with.

On motion of Dr. Lyster, the State Board's committee on buildings, including ventilation, etc., was requested to prepare a report on the best plans and methods of construction of hospitals suitable for the various State institutions.

ETIOLOGY OF URETHRITIS.—Dr. J. Henry C. Simes (Polyclinic) takes the ground that in a urethritis contracted from a well-marked case of gonorrhœa the symptoms may be so slight as not to differentiate the attack from one due to a non-specific cause, and that, on the other hand, a urethritis having its origin in a non-specific cause may present all the symptoms of a violent gonorrhœa. He accounts for this discrepancy of effects on the convenient hypothesis of individual peculiarity or idiosyncracy. He acknowledges that this way of accounting for them is unsatisfactory to many, and that, in consequence, two schools have resulted, one advocating the existence of a specific gonorrhœal virus, the other believing the disease an inflammatory process, varying in intensity and not due to any special poison or virus, but which may originate from any irritant capable of causing inflammation. Those who hold to the specific nature of the gonorrhœal virus maintain that it contains a special micrococcus to which its peculiar properties are due. The others point to the pathological lesions which are common to the disease as caused by both causes and to the analogy of their symptoms. Dr. Simes commits himself to the simple inflammatory nature of gonorrhœa, which is not possessed of any such property as specificity. Pus discharged from any surface may vary in the degree of its virulence, but it is true that contact of gonorrhœal virus in variably cause gonorrhœa. A number of men may have connection with a gonorrhœal woman and only some of them may contract the disease, and a man having gonorrhœa may have con-

nection with a woman, who, without herself contracting the disease, may, through connection a short time afterwards, communicate it to another man. These statements will, we think, be corroborated by facts in the experience of most physicians, while, doubtless, some have met with men, as we have, who would contract a urethritis from a connection with their wives when they suffered from the slightest symptoms of purulent leucorrhœa, so sensitive were the mucous membranes of the of their urethræ.

Dr. Simes says on the subject of the micrococus of gonorrhœa:

"The presence of a micrococcus in the gonorrhœal discharge has of late been advanced, and upon it is said to depend the specific nature of the pus. That a micrococcus exists in the gonorrhœal discharge I have verified by personal observation; but I am not willing to admit the specific nature of this organism, any more than I am inclined to consider the micrococcus found in pus other than gonorrhœal as possessing specific properties. The presence of a micrococcus in pus obtained from other sources than gonorrhœa I have also confirmed by investigation, and find it to have the same reaction with the staining fluid as that met with in gonorrhœal pus.

The specific nature of the micrococcus of gonorrhœa, I think has been refuted by the culture and inoculation experiments of Sternberg. Among the several conclusions arrived at by this writer, he says, 'Culture fluids containing these micrococci introduced into the healthy male urethra do not give rise to specific urethritis, or to any other noticeable result.'"

THE FEEBLE INFLUENCE OF IODINE OVER MALARIAL FEVERS.—There have recently appeared numerous reports from medical men in various parts of the world, reciting the virtues of iodine in the treatment of malarial fevers. It is true that these do not all agree as to the exact degree of reliance that may be placed on this agent as an antiperiodic. There are, however, those who claim for it an efficacy not less than that of Peruvian bark, as far as the immediate control of the attack is concerned; and even greater than bark in preventing its recurrence.

It must be confessed, however, that the results reported by various observers do not entirely agree. Here we find an assertion that in chronic malarial poisoning iodine does its work most effectually; there, that its value is nil; in another article we find that it is recommended to render permanent the cure that quinine has begun, in still another, that it is given in combination with quinine, arsenic, etc. On the other hand, we find that by some anti-periodic properties are denied to iodine.

Attracted by the testimony in its favor, and with the desire to definitely ascertain the powers of iodine as an anti-malarial remedy, in view of the ease of its administration, and of its comparatively small commercial value, Drs. I. E. Atkinson and Hiram Woods availed themselves of the opportunity of treating malarial fevers afforded at Bayview Asylum, Baltimore, during the late summer and autumn of the past year (1882), and they record the results in the July number of the American Journal of the Medical Sciences.

Their experience leads them to draw the following deductions as to the use of iodine in acute malaria. poisoning:

1. In intermittent fevers it has some feeble influence in controlling the paroxysms.

2. It takes usually from three to eight days to exercise this influence.

3. In cures effected there is great danger of a relapse; certainly as great as with Peruvian bark.

4. It is certain to add to any existing diarrhœa or nausea, and is liable to cause each, if they do not already exist.

5. In remittents, its effect, if any, is seen in a slow and gradual reduction of temperature, and this reduction is liable to sudden interruptions.

6. In both forms of malarial fever it is infinitely inferior to either cinchonidia or quinine; certainly as regards the immediate control of the fever, and as far as we are able to judge, as regards relapses also.

7. From an economic point of view, the slowness and uncertainty of its action make its use in hospital practice fully as expensive as Peruvian bark.

8. There seems to be ground to believe that it can cause albuminuria.

9 In the large majority of cases of ordinary acute malarial poisoning it has no influence whatever

THE CODE AND THE CODISTS.—It will be remembered that the "boom" for Dr. Austin Flint's candidacy for the presidency of the American Medical Association was based on the supposed fact of his "stalwartness" on the question of the Code. It was clearly given out that no "half-breed" need apply, and when it was discovered that Dr. Gihon, of the Navy, who had been nominated for the vice-presidency, had criticized some of the provisions of the Code, it became necessary for him to "explain" before the nomination was confirmed. A short time ago Dr. Flint contributed a number of articles to the New York Medical Journal, in which he commented on the Code. A correspondent of that journal has been looking through these, and has found expressions which, had they attracted the attention of the "stalwarts," would, probably, have cooled their ardor in behalf of their exceedingly worthy candidate. In referring to the restriction clause of the Code, Dr. Flint said, "It is to be hoped that the American Medical Association will adopt such modifications in its phraseology as will place restrictions in consultation, not on the ground of doctrines or forms of belief, but on separation from and avowed antagonism to the medical profession." When it is remembered that it is solely "on the ground of doctrines and forms of belief" that homœopaths are thrust out of the profession, it will be seen that Dr. Flint must have slightly reconsidered his views on this subject when he signed the required pledge to sustain the Code as it is, and

which practically gagged such members of the Association as went to Cleveland expecting to participate in the revision of their creed.

The action of the Judicial Council, through which it secured the great "harmony" on the question of the Code which characterized the late meeting, is coming in for no little denunciation. In this land of free speech, such devices are poorly calculated to inspire respect for those who spring them. By such tricks the surface may for a time be kept placid, but they cannot quell the commotion underneath. The surest means of preventing an explosion is not to attempt to prevent the escape of the gas of accumulating indignation at abuses to which a people are becoming aroused. All such attempts lead to the jar of revolution, when only the mild and healthful agitation of reform is demanded. The action of the ultra-Codists or "stalwarts" at Cleveland will, we believe, prove to have been ill-advised. A courageous recognition of the feeling which is abroad on the question of the Code, would have retained for them respect which they have forfeited.

CHOLERA.—Reports from Egypt show frightful ravages in some of the cities of that country from a disease presenting all the characteristics of Asiatic cholera. In Damietta and adjacent towns the daily deaths have averaged over a hundred for the last month. Thus far the scourge has been largely confined to the sites of its original attack. This has been largely effected by the rigid *cordon sanitaire* thrown around them by the British troops left there since the late war. Instructions were immediately given the troops to shoot any one found attempting to escape from the infected localities, and thus the danger of the disease spreading by contagion has been very effectually overcome. Whether it shall prove to be merely endemic or epidemic remains to be seen. It has already been intimated that the disease is rather a virulent form of endemic dysentery than cholera, and that the mortality is increased by neglect and starvation, the fear of contracting the disease preventing the necessary nursing and attention. The fact that it has had its origin in Egypt instead of further east, strengthens the hope that it is not the beginning of an epidemic of Asiatic cholera. The prompt measures adopted by the British troops who have assumed arbitrary control of sanitation, may, in any event, control the disease. Certainly these measures must have the effect of materially preventing that sudden growth of the epidemic to the dimensions with which former epidemics have started on their way across the western world. The authorities of Europe have become fully aroused to the gravity of the situation and most active steps are being taken in the direction of sanitation. As far as America is concerned, it has had timely warning and our boards of health will, doubtless, take such prompt measures as the exigencies of the times make imperative.

The discussion of the therapy of cholera must for the present be subordinate to a consideration of its prophylaxis. The little we know of the nature of the disease satisfies us that it is most deadly under bad hygienic conditions. Attention to sanitation and personal hygiene, the necessity of which is always pressing during the heated season, is peculiarly so when there is danger of the cholera wave reaching our shores. With our advanced knowledge of sanitary science we have grounds for believing that should cholera reach us its ravages will be less fearful than those which have characterized its epidemics in the past.

ACIDUM BORACICUM.*—Touching the subject of the untoward action of this drug, Lewin has the following: According to the investigations of Binswanger† boracic acid in medicinal doses is without effect on the human system; should, however, the quantity given be increased to two or four grammes (30 or 60 grains) it may cause a frequent desire to micturate and an increased flow of urine.

After eight grammes (3 ij) of boracic acid, taken by Binswanger in two doses within an hour, there occurred nausea and vomiting, and feeling of pressure and fullness of the stomach, which continued for several hours.

Following the external employment of boracic acid as an antiseptic, Molodenkow‡ has recently reported deleterious untoward and even fatal results. A young woman who suffered from pleurisy and hydrothorax was subjected to thoracentesis without previous chloroformization. The pleural cavity was afterwards washed out with a five-per-cent. solution of boracic acid, following which distressing vomiting and weakness of the pulse set in. On the following day an erythema appeared on the face and soon extended over the trunk. On the third day the erythema having also spread over the lower extremities, the vomiting having ceased and the mind remaining clear, the patient suddenly died.

In the second case, after the washing out of a deep abscess in the nates of a young man, of sixteen years of age, there occurred in half an hour vomiting, debility, and a small, scarcely perceptible pulse, and in two days an erythema, first appearing on the face, hiccough and death. The autopsy revealed no cause of the death, which seems to have been due to paralysis of the heart.

The decided poisonous action of boracic acid in these cases is, perhaps, explained by the experiments of Binswanger, who showed that in the internal exhibition of this drug it is rapidly eliminated by the kidneys, while after its injection into cavities it is less readily absorbed, remains longer in the system and thus exerts its fullest action.

PRACTICAL MALTHUSIANISM.—The Australasian Medical Gazette gives an account of a custom which prevails among certain tribes of the natives of Aus-

*Lewin on Untoward Effects of Drugs. Detroit, Mich.: George S. Davis, publisher.

†Binswanger, Pharmakolog. Wirkungen dei Borsäure und des Borax, München, 1847.

‡Molodenkow, St. Petersburg Medic. Wochenschrift, No. 42, 1881.

tralia. It is said that the tribal laws as to the occupation of hunting grounds are exceedingly rigid, and that no tribe, no matter how pressing may be the demand for food, dare go beyond the limits fixed to its own territorry. These laws necessitate restriction of the growth of population, and families are limited by the custom, to two children. After the second child has been born, an operation is performed in some tribes on the male parent, through which a permanent opening is established in the inferior wall of the urethra just anterior to the scrotum, and through which the semen escapes without finding its way into the vagina. The female is also treated, after she has given birth to two children, by the insertion of a piece of wood into the vagina and presumably into the uterus. She is then kept on her back on the ground and her abdomen constantly covered with very hot sand, kept on as hot as it is bearable, until the stick has been removed. It is supposed that this procedure renders the woman sterile by stirring up an endometritis.

In other tribes all the males except a select few are treated as above. These few are kept apart for procreating purposes, and the women are taken to them when their impregnation is desired. They are said to be a lot of very "saucy fellows."

It is an interesting speculation as to how this custom originated. Probably at some remote time a child was born with hypospadias, and that some acute observer in the tribe noting his inability to procreate, conceived the idea of producing artificial hypospadias to the same end. Prior to the introduction of this operation the population was probably kept down by infanticide. All the individuals examined by our contemporary's informants were also found to be circumcised, and the two operations were performed with the same instrument: a chip of flint formed and sharpened into a knife.

Post Mortem Examination Without Mutilation.—Dr. Howard A. Kelly, resident physician at Episcopal Hospital, Philadelphia, details in the Medical News, of the 30th ult., a method which he has followed in cases in which he wished to remove the abdominal and thoracic contents without section of the walls of either of these cavities. He fixes the cadaver in the lithotomy position and makes an incision extending from the perineo-scrotal junction to the margin of the anus and down to the bulb. Then cutting around this, and carrying the knife through the subjacent tissue up to the pelvic fascia underlying the vesico-rectal pouch, without injuring either bladder or rectum, he forces in his hand and gradually works up through the pelvic into the abdominal cavity, between the parietal peritoneum and the recti muscles. Then breaking through the peritoneum the hand becomes invested on all sides with the intestines which cling to it like a tight glove, and following every moment there is an indescribable sensation of suction, most impressively demonstrating the compact relations and mutual adaptability of the viscera.

In a case the details of which he reports, he pushed in his bared arm up to the shoulder reaching the free boarder of the liver and depressing the organ. An unsuccessful attempt was made to penetrate the diaphragm with the finger. The arm was withdrawn, and again introduced carrying up a scalpel with its blade flat against the index finger. The diaphragm was thus nicked and the knife withdrawn; the opening was converted into a large rent and the hand passed into the pleural cavity and the whole right lung brought down into the abdomen. After the knife was again introduced and the bronchus and vessels severed at its root, the lung was without difficulty removed through the perineal opening.

Dr. Kelly claims that it is possible, without difficulty, to remove the contents of the abdomen and thorax in this manner.

The Different Kinds of Quacks.—According to the Gazette Hebdomadaire the genus of the quack varies in France with his nationality. It may be interesting to know that the American quack, as he flourisheth abroad, is "high in color, loud in voice, noisy and impudent." That is the rôle he usually plays also in this country, but he does not confine himself to it. In his great versatility he adapts himself to the peculiarities of his dupes. We have seen him pale, of smooth and delicately modulated voice and exceedingly demure. The Spanish quack abroad is, we are told, "mystic, sombre, the crucifix in hand, always ready in prayer." That lay has not been worked here to any great extent, and it might be made to pay. "The Dutch impostor, writing his consultation with a flask of urine in hand, as in the famous 'dropsical woman' of Gerard Dow," would scarcely be adapted to the genius of this country. There are some, however, who are favorably impressed through the urine. But the kind which carries the palm abroad, and is the peculiar abomination of the French profession, is the German quack, "surrounded with piles and electric apparatus; a professor of occult physical science; who cures with the same spark pulmonary tubercuiosis and cerebral debility; a distinguished lecturer and the apostle of a newly-discovered art." The latter quack should emigrate. Untold wealth awaits him here. The arrant, blatant, ignorant quack is beginning to lose his grip as our people grow more intelligent, and the "occult" would catch them. They have much more faith in the incomprehensible than they have in that which is reasonable. The theological quack has cultivated this weakness very successfully, and there is no reason why the medical quack should not find it profitable.

Who Owns the Examination Papers?—The Medical Record reports the result of a recent lawsuit in Cincinnati which will have a tendency to arouse

medical teachers to a sense of a responsibility which few, probably, ever dreamed they were under. A young lady medical student, the plaintiff, was a graduate of Pulte Medical College. The examinations for the college degree were written and after receiving her diploma the young female M. D. desired her papers returned, her purpose being to have them printed in pamphlet form, as an aid to her in starting her profession. Her request was complied with in the case of all the professors except Dr. Hartshorn, the Professor of Surgery, the replies to whose questions occupied seventeen pages of manuscript. The doctor refused and instead of returning her papers threw them in the fire and reduced them to ashes. The fair graduate was much incensed at this conduct, which the Professor could not explain to her satisfaction. She, therefore, brought suit against him for damages, and upon the facts and testimony, the court awarded her $300.

Whether or not this result is in accordance with good law we are not prepared to say. It, will, probably, be passed upon by a higher court, but the result thus far will be sufficient to admonish professors not to think so lightly of the intellectual efforts of their students as to commit them willfully to the flames.

The Castor Oil Plant and Flies.—Observations made by M. Rafford, a member of the Société d'Horticulture at Limoges (British Medical Journal), show that a castor oil plant having been placed in a room infested with flies, they disappeared as by enchantment. Wishing to find the cause, he soon found under the castor oil plant a number of dead flies, and a large number of bodies had remained clinging to the under surface of the leaves. It would, therefore, appear that the leaves of the castor oil plant give out an essential oil, or some toxic principle which possesses very strong insecticide qualities. Castor oil plants are in France very much used as ornamental plants in rooms, as they resist very well variations of atmosphere and temperature. As the castor oil plant is very much grown and cultivated in all gardens, the Journal d'Agriculture points out that it would be worth while to try decorations of the leaves to destroy the green flies and other insects which in summer are so destructive to plants and fruit trees. Anyhow M. Rafford's observations merit that trial should be made of the properties of the castor oil plant both for the destruction of flies in dwellings and other troublesome insects.

Enlargement of the Bronchial Glands as a Cause of Irritation of the Pneumogastric Nerve.—Dr. Edward T. Bruen, in the July number of the American Journal of the Medical Sciences, discusses the effects of enlargement of the bronchial glands in producing reflex irritation of the pneumogastric nerve. The difficulty in the diagnosis of such cases consists in separating them from cases of early phthisis. One must rely mainly on the absence of the combination of physical signs required to render the presence of incipient phthisis certain. These are impaired percussion resonance, some form of bronchial breathing, possibly fine moist râles and increased vocal resonance. The last two physical signs are not present in cases of bronchial enlargement. Pain in the back and disturbance of the respiratory rhythm are not often present in phthisis. Hysteria, uterine, or spinal disorder may be eliminated by careful examination. Finally, the beneficial results of treatment may be appealed to to sustain the theory of the etiology of the cases.

Sulphurous Acid and Bacteria.—A means of destroying the bacillus tuberculosis and other disease bacilli, is suggested by observations of Herr Kircher, a pupil of Liebig. Herr Kircher has, during forty-four years, been director of an ultramarine factory, in which a special process of manufacture is employed involving the formation of sulphurous acid by the burning of sulphur. He maintains that none of his work people have ever suffered from consumption, typhus, cholera, or any other disorder which is produced by bacteria. He recommends the following treatment in the case of tuberculous patients. They should be brought into a room in which small quantities of sulphur (one or two drachms) are burnt every hour over a spirit lamp in a stove. At first coughing of a more or less aggravated character takes place, and after eight or twelve days the bacteria gradually disappear and cease to irritate the lung tissue. To complete the cure the patient should be brought into rooms which contain some aromatic vapors.

Dry Antiseptic Treatment of Chronic Purulent Otitis.—Dr. Charles H. Burnett gives the results, in the Polyclinic, of his treatment of twenty-four cases of purulent discharge from the ear. The means employed were applications of dry antiseptic powders. Two powders were used, twenty-one cases being treated with one compound of three parts of boracic acid, finely powdered, to one part of tincture of calendula officinalis, the alcohol evaporated from the mixture and the mass re powdered; and three with the other, which was compound of resorcin one part and boracic acid eight parts. In all instances absorbent cotton was used to mop the moisture from the ear, the syringe being used in only a few cases, in order to insure the necessary cleansing, which could not in these exceptional cases be accomplished without it. The result of such treatment was eminently satisfactory.

Experimental Keratitis; its Bearing upon Stricker's Theory of Inflammation.—Dr. J. L. Minor, of New York, in a brief paper in the July issue of the American Journal of the Medical Sciences, claims the establishment of the immigration theory; because the pus cells are similar in appearance to the white blood-corpuscles; they can be traced from the corneal periphery to the point of

irritation; and having also gained access to the corneal tissue through the eschar, they are most abundant immediately around this centre, where we can still recognize dead, but intact, corneal corpuscles. The corneal corpuscles show signs of proliferation, some time after the cell immigration has set in; and this proliferation gives rise, not to pus cells, but to new corneal corpuscles, and they are strictly limited to the zone surrounding the dead corneal corpuscles; whereas leucocytes, or pus cells, in abundance, can be found in various parts of the cornea, at a distance from this point.

The Chicago Medical Journal and Examiner calls attention to the fact that its "bank balance is in the most satisfactory condition, and it is not frantically calling on its subscribers to pay up their arrears—a noteworthy symptom of dissolution in the weaker class of provincial papers, whether medical or political." "It has" it also states with becoming modesty. "been the pleased or unwilling foster-parent of a nursery-full of smaller sheets in this city (Chicago) and elsewhere." The experienced journalist will not hesitate to decide which is the truer sign of approaching dissolution: a demand for money due, or the whistling to keep their courage up, which is so characteristic of "provincial papers whether medical or political." But Chicago papers are not provincial, and we are pleased to hear that our contemporary is making money. The fact is very complimentary to the Chicago profession.

Puck asserts the innate desire of man for stimulants in the following intelligible style of the Concord philosopher: "We all know, or profess to know, and it is even patent to those who are not cognizant of the fact, that in all ages, from the very remotest to the æons of the musty future, man has, or has not, according to his inalienable rights and prerogatives in the premises, through the organism of the mind—which connects the understandableness with the intelligibility of the dynamic energy of the body—an underlying, inherent, inclination, on multifarious occasions, as if propelled by an unseen force, to seek the magnetism and stimulation that is co-existent with, and analogous to a fermentous extraction of — (and so on for a whole column.)

"The most prosperous medical journal and that having the largest circulation, in the world," to wit, the Medical Brief contains the following from a correspondent: "I have *cured* twelve cases of Bright's Disease. Take one spoonful of sulphur, one of ginger, one of black snake root, one of cinders or anvil dust, one of coriander seed, and mix in honey, given in ten grain doses five times a day If it don't run the water out too much; if so, stop and give less; at the same time give gamboge. Give ipecac and bluemass till the mouth and gums grit, and bathe the feet and legs in mullen." If the claims to prosperity and immense circulation made by the journal capable of publishing such stuff as this, are well based, the fact but goes to convince one of the correctness of the late Mr. Carlyle's famous division of the world's population.

The "Western doctor" has been very freely utilized "to point a moral and adorn a tale," by his transcendentally superior contemporaries of the East. The Medical Record tells of one who speaks of Astley Cooper as "the greatest living surgeon," and of another whose library consisted only of two books—Hartshorne's Essentials and Druitt's Vade Mecum. In commenting on this deplorable condition of the man "out west" our considerate contemporary, however, graciously remarks that Hartshorne well studied is better than Ziemssen kept simply to ornament the shelves. The "Western doctor" will, therefore, again take heart.

Dr. Theophilus Parvin, of Indianapolis, has been elected to fill the vacancy in the chair of Obstetrics and Diseases of Women and Children, in Jefferson Medical College. Dr. Parvin was born at Buenos Ayres in 1829, received his literary education at the Indiana State University, and graduated in medicine from the University of Pennsylvania in 1852. He was President of the American Medical Association in 1879 and is widely known for his broad learning, and is highly esteemed on account of his personal qualities. He was elected to his present position over a number of gentlemen of national reputation, whose names were mentioned in connection with it.

The Detroit Art Loan Exhibition opens on September 1st next. The arrangement, now nearly completed, are of a most excellent order, and every thing thus far gives promise of its being a very successful enterprize. Over a thousand paintings, real works of art, will be on exhibition, besides a large collection of statuary, etc. A building has been erected for the purpose, at a cost of $15,000. Cheap excursion trains will be run into the city during the progress of the exhibition—September and October Price of admission to exhibition has been fixed at 25 cents.

The Polyclinic, vol. 1, No. 1, is on our table. It is a "monthly journal of medicine and surgery, conducted by the Faculty of Philadelphia Polyclinic and College for Graduates in Medicine." This faculty, as published on the fourth cover page, embraces an unusual number of prominent names and the contents of the first number of the journal are quite in keeping. Messrs. P. Blakiston, Son & Co., are the publishers, which fact is a guarantee of a continuance of the excellence which characterizes the mechanical parts of the new journal. 16 pages, $1.00 per annum.

An old anecdote has been revamped and is going the rounds of the press credited to Chamber's Journal. It should properly be attributed to Abernethy: "What would you do" asked the professor of a candidate for a degree, "if called to a man blown up by gunpowder?" "I would wait till he came down, sir." "Can you tell me," was the next question from the indignant examiner, "what muscles would be called into action, if I should propel you through that doorway by my right foot?" "Yes, sir; the flexors and extensors of my right arm."

It is reported that Senator Hendricks, of Indiana, while recently suffering from an attack of phlegmonous erysipelas, had applied, without the knowledge of his physicians, a charcoal poultice. Until the cause of the discoloration was revealed, the medical attendants were very much alarmed, and predicted a rapidly fatal issue from mortification—malignant gangrene. The cleansing of the parts caused a sudden metastasis of the mortification to the sage doctors, and the distinguished patient was soon convalescent.

The Detroit Micro-Pathological Club was organized on the 19th inst. Its work will be confined to the microscopical study of pathological specimens, and its membership is restricted to twelve. The members are at present: Drs. O. W. Owen, President, E. A. P. Riky, Secretary, E. L. Shurly, J. J. Mulheron, H. O Walker, C. G. Jennings, A. E. Carrier, F. W. Brown, G. P. Andrews, and John E. Clark.

Bellevue Hospital Medical College, while ostentatiously proclaiming in her announcement her fidelity to the Code of Ethics, places no restrictions on the admission of students to her classes, other than that involved in the price of her tickets. It is, of course, much more important that a physician be ethical than that he should be at all prepared by previous education to take up the study of medicine! Great is reform!

The Scientific American is authority for the statement that the binding of a piece of oil-skin cloth, such as is used to cover tables, over the loins, outside of a flannel shirt, will cure lumbago. It does so by exciting profuse perspiration over the seat of the affection. We would discourage no one from trying this treatment, but our faith in its efficacy requires evidence to strengthen it.

"He died as he lived, gracefully, in no unbecoming haste, with dignity," is the language of a literary æsthete in a biographical sketch of the late distinguished Prof. Van Buren. Is it not a consoling thought that the helpless dead are unconscious of the stuff which sometimes goes to make up their obituaries?

Holmes calls the vivacious Ricord "the Voltaire of pelvic literature—a skeptic as to the morality of the race in general, who would have submitted Diana to treatment with his specifics, and ordered a course of blue pills for the vestal virgins."

Spina, Koch's opponent, has been nominated to the professorship of General and Experimental Pathology at Prague. This has been interpreted as an endorsement of Spina's position on the question of the bacillus tuberculosis.

The right of women to bare arms will soon be tested in this country, through the introduction of the French fashion of wearing nothing at all on the left arm and shoulder.

Is it proper to call a physician's income "ill gotten gains?"

Mind-Reading—Molecular Musings.

BY JOHN E. CLARK, M. D., PROFESSOR OF CHEMISTRY AND PHYSICS, MICHIGAN COLLEGE OF MEDICINE, DETROIT, MICH.

In the MEDICAL AGE of May 10, 1883, I published an article entitled "Mind-Reading vs. Muscle-Reading," in which I endeavored to convey the idea that they were not synonymous terms, and that many experiments of so-called mind-reading could not be satisfactorily explained on the basis of "muscular tension and relaxation"—a *sine qua non* of the muscular theory—at the same time offering a modification of the brain-wave theory—"molecular vibration"—as illustrative of mind-reading, *per se*, in which, if the premises be not looked upon as extravagant suppositions, the deductions are entitled at least to the credit of logical sequences. The only explanation of thought-reading science can seek is a physical one. Our modern physical science aims at a mechanical interpretation of all the varied phenomena of the universe. It has apparently overstepped its bounds and applied itself to the solution of the many mysteries of organic life. It inculcates that all physical action is mechanical. It does not recognize anything approaching the supernatural, but subjects all phenomena, whether physical, physiological or mental, to the most rigid scrutiny, and concludes that "all the explanations of natural phenomena are mechanical explanations." Descartes says: "All variations of matter or all diversity of its forms depend on motion." Leibnitz: "Everything in nature is affected mechanically." Huygens: "In true philosophy the causes of all natural effects are, and must be conveyed mechanically unless we are to renounce all hope of understanding anything in physics." Ludwig: "All the phenomena of animal life are consequences of the simple attraction and repulsion resulting from the concurrence of elementary substances." Haeckel, touching the general theory of evolution, assumes "that in nature there is a great, unital, continuous and everlasting process of development, and that all natural phenomena, without exception, from the motion of the celestial bodies to the fall of the rolling stone, up to the growth of the plant and the consciousness of man, are subject to the same great law of causation; that they are ultimately to be reduced to atomic mechanics."

Admitting that thought, "an expression of the human organization as a whole" be motion, the theory of electro-vibration enunciated in my previous paper is worthy of consideration. One objects: "A contiguity of molecules is necessary to the acceptation of the theory," and states, "I have read people's thoughts when they were a short distance from me." I used the term contiguity in the sense of approximation, not of continuity.

It is not difficult to conceive of a medium for transmission of this motion aside from actual contact. We know electric telegraphy does not under all circumstances require a wire for transmission.

Messages have been transmitted for miles, the interposing media being merely conducting strata in the atmosphere, and it does not require a very great stretch of imagination to substitute a mental for an electric telegraph.

The editor of the 19th century referring to the brain-wave theory of communication between brain and brain, says: "But if indeed there be radiating from living brains any such streams of vibratory movements (as surely there must be) these may well have an effect even without speech, and he perhaps the *modus operandi* of "the little flash, the mystic hint of the poet of that dark and strange sphere of half experience which the world has never been without."

A correspondent, W Lynn Hendershott, B. A., M. D., in the last number of the AGE, criticizes in a kindly spirit some of the views I advance. He says, "the idea of muscle-reading and the vibratory theory of molecules to explain it, is at variance with what I know about it." If he will read the article carefully he will find I advance the vibratory theory to explain thought-reading independent of muscle-reading. Again he says, "Mind is not body," but advances nothing to sustain his statement. In my article I made the statement, "investigations tend more and more to the assumption that mind is body," not fully endorsing the theory but giving credence to views adopted by many authorities among whom I quote, Dr. Geo. M. Beard, who states, referring to experiments in muscle-reading, "The lesson impressed by these experiments is that mind *is* body, that when we think we move that the body moves with the mind." Again I find Dr. Hendershott saying:

"Neither have I any evidence of molecular vibration." Does he want ocular demonstration? He says further—since I attempted to illustrate the vibratory theory and the transference of thought by the vibration of the telephonic diaphragm—"he will prove both propositions incorrect, by showing that the diaphragm does not vibrate." Assuming my illustration to be faulty, I fail to see how it would vitiate the proposition. He devotes considerable space to show the impossibility of a diaphragm vibrating at one and the same moment to more than one sound or note, and deduces from this the impossibility of a diaphragm vibrating the tones of the human voice. His premises may be correct, but the merest "tyro in science" who has ever investigated the phonograph will contest his deduction.

I was present during the manufacture of the first electric telephone introduced in this state, where the principle of vibration was so far recognized as a necessity, that a piece of iron was attached to the center of a large parchment diaphragm, which furnished means, in conjunction with an electric battery, for producing the vibrations and sound.

Further he says: "Hence the idea that thought can be read by the vibration of molecules, as illustrated by the telephone, must go to the wall, and in confuting this vibratory idea I do, so far as this supposition is concerned, prove that mind is not body." His confuting consists in attempting to demonstrate the impossibility of a diaphragm vibrating the tones of the human voice. The phonograph shows its possibility, therefore adopting his ratiocination I must claim he has not, so far as that supposition is concerned, proven that mind is not body.

A Few Thoughts on Mind-Reading.

BY ALONZO HARLOW, M. D., DETROIT, MICH

Having been greatly amused, if not instructed, in perusing some of the late articles on the so-called mind- or muscle-readings, that have appeared in your able journal, I am tempted to call into requisition my pen in recording a few thoughts, facts and theories relating to the occult laws, or mysterious principles, governing mind and matter about us. That a few simple passes made by the hand of one person over portions of the body of another, should under certain circumstances and conditions, remove pain, and induce such a state of insensibility and somnolency, that one of the molars could be extracted without pain or knowledge to the one thus operated upon, may appear curious and strange. It is nevertheless true. What subtle force, or mysterious invisible agent passing from the operator to the operated upon, with all the light and knowledge adorning your scientific pages, we know little or nothing about save what we may judge from its effects. How one individual apparently no better informed than your unpretending correspondent, may under certain conditions unhesitatingly tell the kind, denomination and date of a coin or piece of money, while held and secluded from all observation and view in the hand of another, fifty times in succession, if need be, without making a single mistake, is difficult to explain; nevertheless, it is a fact I have repeatedly tested myself. Similar facts equally strange and mysterious I could name that have repeatedly fallen under my observation, if time and space would permit. Without offering my own theory or explanation for the above at present, will give others equally strange and mysterious that occurred in connection with the celebrated De Bonville, of New Haven, a few years ago, for the truth of which I can vouch. This gifted, liberally educated Frenchman, while giving a course of interesting lectures on mind-reading in one of the most literary and scientific cities of our Union, for illustrating and explaining his theory, put a young man, an entire stranger in the place, *en rapport* with a very worthy, reliable citizen, selected by the audience for the purpose, and who was requested while thus mentally connected, to go at least in fancy or imagination, to certain familiar and well known places to him, that would be entirely new and strange to the subject; thus mentally joined with him for experimentation, and while in his imaginary travels and examinations, was requested to interrogate said subject particularly as to places visited and objects and things seen, and in reply to his interrogator said he

was in a well-furnished parlor, naming the size and appearance of the same, together with an accurate description of the appearance of the furniture, some articles of which were unique and curious, and finally, while describing the various pictures in the room, suddenly broke out in hearty laugh which he kept up for some time, and being asked by Professor De Bonville the cause of his merriment, he said he was laughing at a very funny-looking picture he had just spied hanging in the room. On being requested to describe the picture, he attempted to do so, with frequent interruptions of paroxysms of laughter. Finally the gentleman put *en rapport* with the subject was called upon to make his statement as to the accuracy or correctness of what the young man had said. Deacon Reynolds, to the large and intelligent audience assembled to enjoy so intellectual a treat, said he took the subject in imagination and thought to his own house, and entered his parlor for a test trial, as there were many things in the room no stranger could name, much less give such accurate and minute description of as he had, even to the fire place, shovel and tongs, and in short, all the young gentleman had said was accurate and correct, except the picture described causing him so much merriment and laughter as had been seen by the audience. He said there was such a picture about the house, but no one of that description hanging up in the parlor, as the young man said, and persisted in affirming hung up in a particular place he named in the parlor. This statement momentarily checked the ardor and belief of the audience. While waiting in breathless silence for some plausible explanation from the somewhat nonplused professor for a cause or solution of the apparent contradiction of statement as to facts involved, a gentleman in the hall, son-in-law of Deacon Reynolds, arose to make an explanation. Said he: "I called at my father's on my way to the lecture. A few minutes after, the hired girl informed me the family had left for the meeting, and while warming me in the kitchen, chanced to spy in a corner of the room the identical picture that has been so accurately described, even to the color and curling of the hair. This likeness of a certain red-headed boy I carried while examining it into the parlor, and before leaving to come here hung it upon a peg on the wall near the door, where the young man said it was, and now can be seen by any one whose curiosity may prompt to take the pains to verify the truth of my statement." All of which to my certain knowledge was correct and true. Query: How did the son of Judge Morris see the objects named? This question, together with many others of like import, I leave for my very learned friend and brother, W. Lynn Hendershott, of Illinois, to answer upon his clearly explained theory of molecule action, through a "hemi-demi-semi-quaver of an atom, or nest of atoms."

Should this meet with favor, I will endeavor a deeper dip of my pen into metaphysics, to theorize and explain, should space and opportunity in future numbers be given to do so.

Croup and Diphtheria.

BY G. W. CHROUCH, M. D., SHAFTSBURG, MICH

In the July 10th (1883) number of the AGE, in reporting the transactions of the American Medical Association, I notice remarks on "Unity of Diphtheria and Membranous Croup"—a paper read at the Association by Dr. A. Harris, of Virginia.

In reference to this subject, it probably is generally known that very many physicians throughout the country hold the views of Dr. Harris, viz.: that these two diseases are not two, but one and the same—identical. If so, how shall we account for the differences in morbid anatomy and symptomatology?

1. Croup is sporadic; diphtheria epidemic.

2. Croup is non-contagious, diphtheria is contagious.

3. The pseudo-membrane in croup is strictly *upon* the mucous membrane; in diphtheria it is not only upon, but infiltrated and submucous.

4. In croup we have to deal with a local disease, in diphtheria, with a constitutional.

5. In croup we have causation: (*a*) constitutional tendency, (*b*) vicissitudes of temperature, (*c*) the inhalation or swallowing of irritants; in diphtheria (these do not act as causes), exposure to the *materies morbi* only.

6. The pseudo membrane in croup has, I believe, never been known to invade other parts; in diphtheria it may be found on almost any delicate surface, as the lining of the external ear, the vagina, under the prepuce, conjunctiva, stomach, and on the cutaneous surface, if denuded or cut.

7. The most important difference is found in the state of the blood, after death.

It would seem that the idea of their unity was drawn from coincidences—the pseudo membrane in both, and the cynanche (not always present in diphtheria, but always in croup, and the principal feature of the case).

As to the neuropathic elements of the two diseases, the profession are as little agreed as to their unity.

Paralysis of the laryngeal apparatus does not account for the symptoms, and the idea seems borrowed from diphtheria. Spasm seems to fully account for these symptoms. Do not our conclusions get the start, sometimes, of our reason?

Dr. Snow's opposition to the idea of the unity of these diseases is in keeping with our good opinion of the man.

TO KEEP INSTRUMENTS FROM RUSTING.—Professor Olmstead of Yale College, recommends the following mixture as efficacious to preserve to knife blades their bright metallic surface: Melt slowly together six to eight parts of lard with one of resin and stir until the mixture is cold. If it is deemed desirable to thin it, this may be done by the addition of coal oil or benzine. It should be applied to the perfectly clean surface, as it will not stop oxidation once begun.

The Medical Age.

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How to Abort Typhoid Fever.—The following contribution to the Medical Record from the pen of Dr. J. O. Davy, of Springfield, Ohio, will, perhaps, recall the remarks to which the profession is indebted for this light (if it shall prove to be light) on a dark subject:

"In the Medical Age of June 10, 1883, is an article criticising an article in the Medical Record, which article was criticising the Age for using very strong language toward any one who said he could abort or cut short typhoid fever. The Age winds up its article by saying: "Dr. Davy now has the floor." Thanks for his liberality. The Age accuses the Record of summing up the results of the research and debate in France in rather a "pessimistic spirit." That old legend no doubt flitted across the Record's mind when he soliloquized to himself[1] again the mountains labored[1] with minute results. The Age does not appear to be impressed in that way, for he says, "the debate strengthened the rational therapeutics of the disease." If the Age would prefix "ir" to rational (irrational) he would be much nearer the truth; for if it was the rational system of treatment, why such pessimistic comments.

* * * * * *

What the immortal Jenner did for small pox has been done for typhoid fever; it has been demonstrated in over one hundred cases, and extending through five years of time, that that much dreaded disease is amenable to the proper treatment, and that an attack can be broken up and the disease cut short after passing the forming stage. Patients treated according to the hereinafter given plan, have been able to be up and about their rooms from the twelfth to the sixteenth day of medication, and some out riding on the eighteenth day. The fever leaving them, some as early as the fourth, and some as late as the eighth day, depending upon the severity of attacks and faithfulness of nurses. The above good results have been attained by the use of the following prescriptions and plan of treatment faithfully carried out:

Prescription No. 1.

℞ Colothedræ compound . . . . . ʒ iv.
Sig.—Thirty drops every four hours in two tablespoonfuls of water.

Prescription No. 2.

℞ Quinidia sul . . . . . grs. xx
Camph. pul. . . . . grs. vj.
Ginger pul. . . . . grs. iij.

M. Ft. cht. No. 6. Sig.—One powder every four hours alternating with prescription No. 1. Plan of treatment as follows:

First.—Prescriptions Nos. 1 and 2 must be given on time, alternating each other, two hours apart, not omitting any doses; if patient is asleep, wake him up; thus keep up medication until the temperature reaches within one-half degree of the normal line; then you may stop medication at 10 P. M. and begin at 6 A. M. After the normal line has been reached and held for two days, you may drop to four doses of each powder per day for four days, after which you can drop to three doses of each per day, until the patient is able to be put upon full diet. Patient should be sponged off with tepid (slightly alkaline) water each evening, until the temperature has reached 100 F. or as long as it feels grateful to the sick.

Second.—Temperature of room must not fall below 68 F., regulated by a good thermometer.

Third.—Patient must lie quietly (not sit) in bed until all tenderness, gurgling, diarrhœa are gone; talking, laughing, or exertion retards the healing of bowels and should be avoided.

Fourth.—For the extreme weakness or profuse perspiration which sometimes sets in when the fever is rapidly declining, use the best old rye whisky, made slightly bitter with gentian or cimicifuga, and give from one to two teaspoonfuls, as is necessary.

Fifth.—For diarrhœa use fl. ex. guarana in ten- to fifteen-drop doses every three or four hours, and bromides for delirium. Any complication which may arise must be met by attending physician. Diet: Milk, toast, hard-boiled eggs, crackers, coffee, lemonade.

To abort typhoid fever, give prescriptions 1 and 2, alternating each other every two hours (*i. e.*, each in their place every four hours). Patient must lie down and be quiet from one to three days, owing to the severity of the attack, and take at least five doses of prescriptions 1 and 2 per day for the first two days, then slowly diminish in number of doses as patient improves.

Ere this you have asked in your own minds what is "cohothedra compound?" As per analysis by Professor Powers, it is as follows (*verbat. et literat.*):

"PHILADELPHIA COLLEGE OF PHARMACY,
145 North Tenth Street. Founded, 1821.
PHILADELPHIA, November 25, 1821.

J. A. Davey, Esq., Troy, Ohio:

DEAR SIR—The substance submitted to me for analysis has been examined with the following result: It is a bright reddish-yellow liquid, having an aromatic odor, a pungent taste, an acid reaction, and contains (1) 78 per cent. by volume or 71.3 per cent. by weight of absolute alcohol; (2) 0.9098 per cent of *nitrous ether*, corresponding to 21.8 per cent. of spirit of nittous ether of the United States Pharmacopœia; (3) a small amount of the alkaloid morphia or morphine (too small for quantitative estimation); (4) very small amounts of the volatile oil of caraway and of resinous and coloring matter.

Respectfully yours,
FRED B. POWERS,
Professor of Analytical Chemistry."

The resinous and coloring matter found by the fessor is from the saturated alcoholic tincture of cohothedra, which composes the body of the compound, which seems to have no alkaloid. The compound now contains a small amount of carbonate of ammonia, which is used in preparing the cohothedra, which addition changes the color to red.

Cohothedra is indigenous to the United States, flowering in July; and is perennial.

The AGE desired the knowledge and plan of treatment by which such good results were obtained, and as he was so gentlemanly in his last criticism, to withhold it from him would be unkind.

The AGE now has the floor."

While we thank Dr. Davy for his effort, we regret the undertone of his personal reference. It is quite unprovoked. In reply to his communication, we take the liberty of quoting from the Medical Record's criticism: "We must add the criticism that the writer makes only assertions, and entirely fails to prove anything whatever. A long series of carefully noted clinical observations can alone prove anything as regards the power of a remedy to shorten or modify a disease of so variable a type as typhoid fever."

NASAL COUGH AND THE EXISTENCE OF A SENSITIVE REFLEX AREA IN THE NOSE.—Dr. John N. Mackenzie, of Baltimore, in the July issue of the American Journal of the Medical Sciences, directs attention to the great frequency of cough as a symptom of nasal disease, and indicates, as far as possible, the manner of its production.

The dependence of cough upon irritation of the external auditory meatus and pharyngo-tracheal membrane is well known, and the terms "ear" and "laryngeal" cough have passed into current use among medical men. It is also quite possible that the reflex act may originate primarily in morbid conditions of various other organs of the body, and the familiar expressions "stomach" and "liver" cough would seem to indicate that such a causal connection had been accepted as true of some of the abdominal viscera. This interdependence has, however, never been demonstrated by experiment, nor are the clinical data sufficient to warrant the unqualified acceptance of this alleged correlation.

Dr. Mackenzie has found by experimental proof that all parts of the nasal mucous membrane are not equally susceptible to the impression by which reflex cough is produced, and, furthermore, the cough or reflex area is probably limited to the mucous membrane covering the middle and inferior turbinated bodies and the posterior half of the septum. Now this is the area occupied by the erectile tissue of the nose, and it is hard to resist the conclusion, that this structure is in some way connected with the evolution of the reflex act, and that the peculiar susceptibility to irritation is to a great extent intimately associated with its physiological functions, whatever they may be.

Roughly speaking, the greater the congestion or inflammation, the more constant the reflex obtained. He has succeeded, however, in producing violent paroxysms of laryngeal cough by simply touching, with the aid of the rhinoscope, the posterior extremity of the inferior turbinated bone in a person whose nose was free from disease.

That the sensitive area is principally confined to the parts indicated, is rendered exceedingly probable by the following clinical facts:—

1. That in cases where reflex cough exists, these are the portions chiefly, if not solely, involved.

2. That the act may be produced here at will by artificial stimulation of the parts invaded by the morbid process.

3. That it may be dissipated by local applications to, or removal of the membrane covering the diseased surface.

4. That foreign bodies, such as pins, lodging in this area sometimes give rise to cough, which latter is not observed when they become impacted in other portions of the nose.

5. That polypi give rise to reflex phenomena only when they arise from, or impinge upon the sensitive portions of the area.

6. That where complete atrophy of the turbinated structures exists, as, for example, in ozæna, reflex

cough is not present, nor can it be induced by artificial stimulation.

It is worthy of remark, that in a fair proportion of cases there are few, if any, symptoms which would direct the attention to disease of the uose, and this fact emphasizes the importance of examining the nasal chambers in all cases of the kind, even though the testimony of the paticut may lead to neglect of their systematic exploration.

Dr. Mackenzie's clinical observation leads hiun to the belief that reflected irritation from nasal disease plays a not inconspicuous part in the etiology of laryngeal congestion and inflammation. The short, hacking cough and hyperæmia of the larynx which occur in acute coryza are probably more often explicable on the theory of reflex action than upon extension of the inflammation to the laryngeal vestibule. In chronic coryza, on the other hand, the constant laryngeal hyperæmia induced by reflex nasal irritation, augucnted, perhaps, by the frequent occurrence of cough paroxysms, may, if prolonged, eventuate in catarrhal conditions of that organ. In other words, on theoretical grounds, and clinical observation would seem to sustain them, it is legitimate to assume the existence of a reflex laryngitis evoked through the constant irritation of the vaso-motor ceutres from chronic nasal inflammation.

Clinical and experimeutal investigation would appear, then, to lead to the following conclusions:—

1. That in the uose there exists a definite well-defined sensitive area, whose stimulation, either through a local pathological process, or through the action of an irritant introduced from without, is capable of producing an excitation, which finds its expressiou in a reflex act, or in a series of reflcctcd phenomena.

2. That this sensitive area corresponds, in all probubility, with that portion of the nasal mucous membrane which covers the turbinated corpora cavernosa.

3. That reflex cough is produced only by stimulation of this area, and is only exceptionally evoked when the irritant is applied to other portions of the nasal mucous membrane.

4. That all parts of this area are not equally capable of generating the reflex act, the most sensitive spot being probubly represented by that portion of the membrane which clothes the posterior extremities of the inferior turbinated body and that of the septum immediately opposite.

5. That the teudency to reflex action varies in different individuals, and is probably depeudent upon the varying degree of excitubility of the erectile tissue. In some the slightest touch is sufficient to excite it, in others chronic hyperæmia or hypertrophy of the cavernous bodies seems to evoke it by constant irritation of the reflex centers, as occurs iu similar conditions of other erectile organs, as, for example, the clitoris.

6. That this exaggerated or disordered functional activity of the area may possibly throw some light on the physiological destiuy of the erectile bodies. Among other properties which they possess, may they not act as sentinels to guard the lower air-passages and pharynx against the entrance of foreign bodies, noxious exhalations and other injurious agents to which they might otherwise be exposed?

Apart from their physiological interest, the practical importance of the above facts in a diagnostic and therapeutic point of view is sufficiently obvious. Therein lies the explanation of many obscure cases of cough which heretofore have received no satisfactory solution, and their recognition is the key to their successful treatment.

European versus American Surgeons.—Dr. Eugene Smith, Professor of ophthalmology and otology in the Detroit Medical College, who is now for the third or fourth time "doing" the great European centres, sends us the following notes from London:

"Taking it for granted that some of your readers may be interested iu a short letter from this couutry, and that it may carry an occasional one back to old times and old stamping ground, I concluded to take a little time from my own pleasure and devote it to the readers of the Medical Age. Having visited this country several times for study and pleasure, I flatter myself that I am competent to compare uotes.

I do not hesitate to "give the broom" to American surgeons, regarding them, of course, as a class. A world of surgery is done at the London hospitals, and, as a rule, rougher surgery can hardly be imagined, but that it is successful I do not doubt. Very naturally, I visit principally the eye and ear hospitals and departments of other hospitals devoted to the specialty, but, so far, I have failed to find such operators as Bowman, Chritchett and Soelberg Wells, (the first retired and the two latter dead). At Moorfield uearly all the old corps of ophthalmic surgeons are gone.

I saw one surgeon make the most peculiar and buugling operation for cataract I ever wituessed. He made an iucision in the upper part of the cornea with a Beer's cataract knife, finishing the cut, after the puncture, by a come and go, see-saw, movement, without a counterpuncture. Of course, there was a deal of dragging, aud after his iridectomy was made I was not surprised to see the lens pass upward under the sclera instead of presentiug in the wouud and coming out as it should. It was extracted with a spoon and a quantity of vitreous escaped. It is very doubtful if the old lady will see. Operations in other branches of surgery were equally rough. As an illustration I could cite an excision of the kuee performed by two surgeons of Guy's Hospital last week.

That delicate consideration for the poor sufferers which prevails with Americans seems either blunted or entirely wanting on this side of the big pond.

I would advise young men recently graduated to get several years' practice at home before visiting

this country. When, from experience, they are able to sift the wheat from the chaff, there is no city in the world that will compare with London in its advantages. The clinics are so arranged that a person can visit one hospital in the morning and another in the afternoon, and employ his time in this way the entire week. At each hospital he will find several surgeons and physicians at work and can choose such as he will visit. I consider the London clinics superior to those of the continent.

A visit to the new Hotel Dieu, the Hospital de la Charité and other Paris hospitals, affords much of interest to any physician, whether or not he is conversant with the French language. I, of course, have been most interested in visiting the cliuics I attended years ago. De Wecker has, perhaps, the largest, and is probably the greatest experimenter, while De Meyer is more conservative and has the good of his patients most at heart. Galezowski has a large clinic and is doing an immensity of good work. In this country experiments are so general that I do not wonder that so much that is new emenates from it, but I am satisfied that the patient's welfare is better studied in America than here. I have had the pleasure of introducing a new treatment for episcleritis to the oculists over here, and as it has never been mentioned in print, perhaps it would be well to say a word concerning it now. The disease, fortunately rare, is one of the most troublesome to treat. During the past year and a half we have treated at St. Mary's Hospital Eye Infirmary five or six cases successfully with a solution of eserine (sulphate), two grains to the ounce, once or twice a day, dropping two drops in the conjunctival sac. I first used it to counteract unpleasant symptoms arising from the use of atropia, and the result was so surprising that we have used it ever since in these cases. Several severe cases have been cured in 8 to 10 days, whereas by the old methods with atropine and potas. iod., weeks or months were required.

I saw at De Wecker's clinic some of the cases of granular lids treated by jequirity, and the doctor was kind enough to give me a quantity of the seeds to try the treatment at home. I am skeptical, and, in fact, the doctor does not think it will cure all cases; but it seems to have worked wonders in some patients. I shall give it a fair trial and hope that it will prove successful, for trachoma is a great bug-bear in Michigan."

[In this connection we take the liberty to state that Parke, Davis & Co., of this city, have secured a consignment of Jequirity seeds which they have put up in packages at the following prices (postage prepaid): ¼ ounce, 25 cents; ½ ounce, 50 cents; ounce, $1.00. Circulars containing guides to their employment accompanying each package. The facilities for trying this remedy for granular lids are thus readily within the reach of any who may wish to put it to the test.—ED. MED. AGE.]

THE "DOC."—The New York Medical Journal gives the following clever analysis of the genus "doc." After its perusal our readers may possibly find themselves stimulated to attempt a reform in the western custom of familiarly calling the physician "doc." It is a custom which would be vastly more honored in its breach than in its observance, and is encouraged by the passive toleration of it by the profession:

Anthropologists have sadly neglected one of the most interesting types of the medical man, namely, the "doc." So marked are his characteristics, nevertheless, that he may be said to constitute a species, and one of great importance to a correct shaping of our notions of development. Ontogenists and phylogenists may contend as they like over the origin of species in general, but in the case of the "doc." a positive statement may be made, showing what is at once the key to his character and the determining cause of his differentiation as a species. That statement is this: Most medical men have on one occasion or another been addressed as "doc." Such a salutation always comes from the vulgar. The ordinary man is annoyed, and feels half-inclined to show resentment, when so addressed; but, reflecting that no insult is intended, but that the term is rather meant as one expressive of a degree of familarity to which the speaker aspires to be admitted, and one by which he is flecliug his way, as it were, the individual to whom the title is applied tempers his anger to toleration, but frowns unmistakably upon his interlocutor's advances. Not so the "doc."; he positively relishes the appellation, and by showing his gusto not only evinces that he has been fittingly addressed but proclaims himself possessed of the characteristics that make it impossible for him to be anything but a "doc."

The "doc." bears the same relation to the doctor that the "gent." bears to the gentleman. Neither of these diminutives is ever applied with the faintest approach to propriety to an individual at all above shabby gentility, and as a general thing they stand for characteristics much lower in the scale, attaching to persous hovering on the outskirts of respectability. We might, indeed, adopt "gent." as a gencric term, the genus to include the medical species.

Shut out as the "doc." is from refiued society, he betakes himself to haunts and devices peculiarly his own. Ostensibly living by the practice of medicine, and really trying in his feeble but offensive way to make that pursuit bring in something to aid in sustaiuing his valuable life, his uecessities are actually met by shifts for which he is better fitted, and for which he seems to have a decided bent. But, little as medicine counts for among the "doc.'s resources, it is with the manner in which he handles it that we are interested, rather than with what else pertains to his course of life.

"Docs." are of high and of low degree. Some specimens succeed in keeping up appearances fairly, while occasionally one is met with so put to it as to have his office "under his hat. The "doc." is proud of belonging to the profession, and never loses an opportuuity of letting his light shine before men, penny-dip that it is. He usually has a diploma, and he is careful to hang it conspicuously in his

office. Let a chance remark be made in his hearing concerning some case of sickness, and he will at once, and without waiting for the formality of an introduction, proceed to deliver himself of any number of wise comments, all going to give the impression that it would be well to secure his connection with the case. If he happens to meet a stranger afflicted with some visible infirmity, he makes the matter the subject of conversation, apparently unconscious that he is taking a liberty. A wen or a fatty tumor is to him a veritable *bonne bouche;* he has no hesitation in handling it, and makes no pretense of concealing his eagerness to relieve the afflicted individual. These overtures, it is true, rarely end in anything to his advantage, but there are occasions on which he fairly hits the bull's eye; any street accident, for instance, gives him an opportunity to play the oracle before the motley group that soon gathers, to hand his card to the newspaper reporters, and possibly to collect at least one fee.

The "doc." is obtrusive and loud-spoken, and apt to be both profane and obscene. Hence it is in the highest degree annoying to a doctor to be accosted by him in any public place, for the "doc." is sure to broach medical matters, and that, too, with a mixture of coarseness and levity peculiarly trying to the person addressed, who cannot shake off a sort of nervous dread lest the strangers present, who have heard him called by name, and have pricked up their ears out of morbid curiosity concerning the topic touched upon, should, in spite of all the dignity and reserve he can call to his aid, judge him by the company he keeps. A street-car is a favorite place for the "doc." thus to torture his victim. There is no possibility of escape, short of breaking the continuity of one's journey, involving, perhaps, failure to keep an appointment.

There are other unlovely features about the "doc," but in the main he is a harmless being. His existence is none the less an opprobrium, however, and it is to be hoped the day is not far distant when a State examination, or some equivalent obstacle to the indiscriminate equipment of human beings with the degree of doctor in medicine, shall gradually put an end to the species.

CHOLERA.—The latest advices but furnish further grounds for apprehension in regard to the spread westward of the attack of cholera which is now decimating certain of the cities of Egypt. The disease has burst through the *cordon sanitaire* and has numbered thousands of victims remote from the original outbreak. Up to this date there have been upwards of 13,000 deaths recorded, and within the past few days a number of these have been among the British troops. In spite of the most rigid measures possible the disease has reached Alexandria and we need not be surprized to soon hear of its arrival at some of the European ports on the Mediterranean. Having once reached these its spread to America, if we are to judge by its course in previous epidemics, will be a matter of but a few weeks.

The facts already developed are, we think, sufficient to warrant the most thorough study of the literature of cholera by the profession of this country, and particularly, perhaps, by such as are settled in our large cities and points on principal lines of traffic. To forewarn is not necessarily to alarm, but in view of the possibilities the physician whose first case of cholera finds him unarmed by the knowledge of this disease which is extant, will have placed on himself a fearful responsibility. An attack of cholera may not be temporized with. What is done towards its relief must be done quickly. This much of what is known of the disease is known to be very factual, and it becomes the physician to have the most decided views on the subject of treatment possible from a study of the literature.

The two facts in connection with cholera which seem to be the most fixed, are the manner of its spread and the stage during which it is most amenable to treatment. The knowledge of the method of its propogation lies, of course, at the very root of its prophylaxis. We know with a considerable degree of certainty that the channel of its propogation is chiefly, if not wholly, water, and that the materies morbi exists chiefly, if not wholly, in the excreta. The disease has always done most havoc in communities in which the sanitary conditions have been such as most favored the contamination of the drinking water with the excreta of those affected. The disease is not contagious, in the proper acceptation of the term, nor is the atmosphere the medium of its transmission—it is, properly speaking, not infectious. While it is possible for the dried excreta to be wafted by the wind and thus spread the disease, the chances of their thus drying are infinitesimal as compared with their chances of reaching the water supply of a community, either through permeation of the soil into wells or through their direct discharge through sewers into streams which supply the reservoirs of cities. The *sine qua non* of the prophylaxis of cholera is, therefore, the prevention of the contamination of the drinking water. To this end the destruction by fire of all diarrhœaic stools during a cholera epidemic is the only certain means. The emptying of such stools into sewers or even privy vaults can only be done at immense peril. These stools should be carefully conveyed in close vessels and burnt in a furnace which should be provided for the purpose in every community into which the disease may have been introduced.

Touching the curable stage of cholera, the conviction has been established through sad experience in former epidemics, that after the passage of the first stage of the disease the hopes of recovery are exceedingly small. It has been asserted, however, by those who have had large experience that taken sufficient early—immediately on the passage of the first diarrhœaic stool—cholera is one of the most curable of diseases. In the event of a visitation of this country by this fell disease, this statement should be thoroughly tested. The remedies which have been recommended to this end are chiefly laudanum, chloroform and spirits of camphor in combination.

The following formulæ are selected from those employed by Dr. Shoemaker at the Philadelphia Hospital for skin diseases:

LEUCODERMA.—

℞ Ferri oleatis..... gr. xxx
Quininæ sulphatis..... gr. xv
Acidi arseniosi..... gr. j
Extracti ignatiæ..... gr. ij.

M. Ft. pilulæ No. xxx.

Sig. One pill after meals.

HYPERIDROSIS.—

℞ Naphthol..... ʒ ij
Tinct. saponin..... ʒ ij
Spts. hamamelis virg..... ʒ ij.

M. Sig. Sponge well several times daily over the surface.

SEBORRHŒA OLEOSA.—

℞ Zinci oleatis..... ʒ ij
Pulveris marantæ..... ʒ ij.

M. Sig. Dust over the surface.

ALOPECIA.—

℞ Hydrarg. oleatis..... ʒ jss
Olei ergotæ..... ʒ ss
Olei rosæ..... gtt. ij
Olei bergamotæ..... gtt. ij.

M. Sig. Use as a hair oil.

PSORIAS.—

℞ Ungt. hydrarg. oleatis..... ʒ j
Olei cadini..... ʒ j
Naphthol..... ʒ j.

M. Sig. Rub in thoroughly after removing all scales.

ECZEMA (Acute).—

℞ Zinci carbonatis.....
Plumbi carbonatis.....
Lac. sulphuris.....
Pulveris marantæ.....ää ʒ j.
Ungt. simplicis..... ʒ j.
Ft. Ungt. molle.

Sig. Pencil lightly over the surface.

ECZEMA (Subacute).—

℞ Lac. sulphuris..... ʒ ij
Acidi boraciei..... ʒ ij
Ungt. simplicis..... ʒ j.

M. Ft. ungt.

Sig. Spread over the surface.

ULCUS (Chronic, with exuberant granulations).—

℞ Ungt. arsenici oleatis..... gr. x
Zinci chloridi..... gr. v
Pulv. marantæ..... ʒ ij
Ungt. simplicis..... ʒ ss.

M. Sig. Apply by means of old muslin.

SEBORRHŒA SICCA.—

℞ Olei ergotæ..... ʒ iij

Sig. Apply night and morning.

SEBORRHŒA OLEOSA.—

℞ Naphthol..... gr. x
Spts. hamamelis virg..... ʒ j
Aquæ rosæ..... ʒ iij.

M. Sig. Sponge twice daily over the surface.

CHLOASMA.—

℞ Ungt. argenti oleatis..... ʒ ij.

Sig. Apply a small quantity twice daily.

UNION MEDICAL SOCIETY OF NORTHERN MICHIGAN.—The second quarterly meeting of the Union Medical Society of Northern Michigan was held at Big Rapids, July 19, 1883. The attendance was the largest in the history of the society, the following members being present: Drs. Groner, Griswold, Burkart, Romig, Terrill, Badger and Cutter, of Big Rapids; Barnes, Gundrum and Romig, of Ionia; Avery, Bower, Nichols and Sheldon, of Greenville; McLean, of Stanton; Richardson and White, of Reed City; Eply, of Palo; Raller, of Edmore; Gamber, of McBride's; Aylesworth, of Cedar Springs; Harrison, of Sand Lake; Gray, of Trufant; Smith, of Orleans; and Dumon, of Crystal.

Drs. E. S. Richardson, of Reed City, I. M. Harrison, of Sand Lake, and John Gray, of Trufant, were elected members of the society.

The first exercise on the programme was a very interesting inaugural address, by the newly-elected president, Dr. H. B. Barnes, of Ionia.

The following papers were also read during the session: "Phimosis and Other Genital Irritations," by Dr. S. V. Romig, of Ionia; "Uterine Displacements," by Dr. C. H. White, of Reed City; "Antithermies," by Dr. F. Gundrum, of Ionia; "Review of Lyman's Anæsthetics," by Dr. H. L. Bower, of Greenville.

These papers were of unusual interest and were thoroughly discussed.

The following written reports of cases were also read. "Excision of Portion of Lower Jaw for Osteosarcoma," by Dr. A. W. Nichols, of Greenville; "Case of Purpura Hæmorrhagica," by Dr. W. H. Aylesworth, of Cedar Rapids; "Case of Metro-Peritonitis," by Dr. C. C. Eply, of Palo; "Six Obscure Cases of Intestinal Obstruction," by Dr. John Avery, of Greenville.

At the close of the afternoon session the society accepted the invitation of Dr. Groner, one of the surgeons-in-charge, to visit the Big Rapids City Hospital. Here was found a well-appointed hospital, with some sixty-five patients, and evidently under excellent management. A new brick hospital will be completed soon, with accommodations for 150 beds.

Drs. C. H. White and J. L. Burkart were added to the Board of Censors, and suitable resolutions were adopted in memory of Dr. C. H. Hammond, of Ionia, a member of the society recently deceased.

The programme committee for the next meeting reported as follows: To prepare papers: Drs. John Gray, D. A. McLean, F. Gundrum, L. S. Griswold, E. A. Romig, C. M. Martin, and C. S. Sheldon. To report cases in practice: Drs. A. W. Nichols, J. L Burkart, F. S. Groner, I. W. Badger, and W. H. Aylesworth.

The society adjourned to meet at Greenville, Thursday, Oct. 18, 1883.

CHARLES S. SHELDON, M. D.,
Secretary.

H. B. BARNES, M. D., President.

PERSONAL SANITATION.—In a lecture before the Brighton (England) Recreation and Health Society, Dr. Alfred Carpenter said that so far as all diseases were concerned, there was a great deal of truth in the statement that a man was either a fool or a physician by the time he was 40 years of age. A man should train himself to find out what was good for him, and in that way he would avoid many of the evils from which "too fast" people suffer. A great many people died from eating too much, as well as from eating too little, and unless they took measures to clear away the mischief produced in their constitution by their delicate feeding, they were quite certain to suffer in their general health. Work, therefore, became an actual necessity. It was impossible for persons to live in this world without going through a certain amount of labor, by which they should cleanse their blood and for the purpose of keeping up that temperature which nature required to be kept up. It might be depended upon with regard to work that it was not idleness which gave rest, but it was a change of occupation. It was utterly impossible with regard to the human body that anything like stagnation should ever exist. The heart beats constantly, night and day, whether the person was sleeping or waking. The duty of the lungs was to purify the blood. There are other organs which helped to purify, such as the kidneys, which also carried out poisons which were very virulent in their nature. If they were kept in the body they would be certain to kill the person. There must be no cessation of motion or stagnation in the human body; otherwise, disease was certain to arise. An individual was precisely similar to a large city. Brighton had taken great care to have her sewers in proper form and construction, so as to have none of this stagnation affecting the place, where there was an abundance of water supplied to enable the salts to be carried out; if there was any arrest of that removal of excreta, whether in the drains of a town, or in the human body, it was well-nigh impossible to prevent mischief. It was a very important sewerage arrangement of individual bodies that a sufficient amount of water to carry away the excreta formed by the very act of living should be imbibed; otherwise, some would be retained and the result would be one of those uncomfortable complaints with which so many suffered on getting on the other side of 50, such as an attack of gout, which was due to some extent to the fact that the excreta caused by the act of living had not been properly washed away. There was a good security against the loss of the faculties in old age, and if measures were taken for the removal at once of the material formed in human bodies there would be no reason for blindness, deafness, or decay of nature, as it was sometimes called.

CHOLERA.—The St. Louis Medical and Surgical Journal reproduces the following conclusions of Dr. J. C. Peters from his considcration of this subject:

1. Malignant cholera is caused by the access of a specific organic poison to the alimentary canal, which poison is developed spontaneously only in certain parts of India (Hindostan).

2. This poison is contained primarily, so far as the world outside of Hindostan is concerned, in the vomit, stools and urine of a person already infected with the disease.

3. To set up anew the action of the poison a certain period of incubation with the presence of alkaline moisture is required, which period is completed within one to three days; a temperatnre favoring decomposition and moisture or fluid of decided alkaline reaction hastening the process, the reverse retarding.

4. Favorable conditions for the growth of the poison are found (*a*) in ordinary potable water, containing nitrogenous organic impurities, alkaline carbonates, etc.; (*b*) in decomposing animal and vegetable matter possessing an alkaline reaction; (*c*) in the alkaline contents of the intestinal portion of the alimentary canal.

5. The period of morbific activity of the poison—which lasts, under favorable conditions, about three days for a given crop—is characterized by the presence of bacteria, which appear at the end of the period of incubation and disappear at the end of the period of morbific activity. That is to say, a cholera-ejection, or material containing such, is harmless both before the appearance and after the disappearance of bacteria, but is actively poisonous during their presence.

6. The morbific properties of the poison may be preserved *in posse* for an indefinite period in cholera-ejections dried during the period of incubation, or of infection matter dried during the period of activity.

7. The dried particles of cholera poison may be carried (in clothing, bedding, etc.) to any distance; and when liberated may find their way direct to the alimentary canal through the medium of the air—by entering the mouth and nose and being swallowed with the saliva—or, less directly, through the medium of water or food in which they have lodged.

8. The poison is destroyed naturally either by the process of growth or by contact with acids (*a*) those contained in water or soil; (*b*) acid gases in the atmosphere; (*c*) the acid secretion of the stomach.

9. It may be destroyed artificially (*a*) by treating the cholera-ejections, or material containing them, with acids; (*b*) by such acid (gaseous) treatment of contaminated atmosphere; (*c*) by establishing an acid diathesis of the system in one who has received the poison.

ABERNETHY ON OVER FEEDING.—The importance of recognizing and teaching that most individuals, men, women, and children, in modern society, eat more than is good for them, is so manifest that we quote the following passage from Abernethy, which shows that he fully grasped this key-stone of successful practice.—"There can be no advantage in putting more food into the stomach

than it is competent to digest, for the surplus can never afford nourishment to the body; ou the contrary, it will be productive of various evils. * * * Nature seems to have formed animals to live and enjoy health upon a scanty and precarious supply of food, but man in civilized society having food always at command, and finding gratification from its taste, and a temporary hilarity and energy result from the excitement of his stomach, which he can at pleasure produce, eats and drinks an enormous deal more than is necessary for his wants or welfare; he fills his stomach and bowels with food which actually putrefies in those organs: he fills also his blood vessels till he oppresses them and induces disease in them as well as in his heart. If his digestion be imperfect he fills them with unassimilable substances, from which nutriment cannot be drawn, and which must be injurious In proportion as the powers of the stomach are weak, so ought we to diminish the quantity of our food, and take care that it should be a nutritious and easy of digestion as possible. * * * We should proportion the quantity of the food to the powers of the stamach, adapt its quality to the feelings of the organ, and take it at regular intervals thrice during the day. A patient lately gave me the following account of his own proceeding with respect to diet. He said, 'when thou toldest me to weigh my food, I did not tell thee that I was in the habit of weighing myself, and that I had lost 14lbs. weight per month for many months before I saw thee. By following thine advice I have got rid of what thou didst consider a very formidable local malady, and upon thy allowance of food I have regained my flesh, and feel as competent to exertion as formerly, though I am not indeed so fat as I used to be. I own to thee, that as I got better I thought thy allowance was very scanty, and being strongly tempted to take more food, I did so; but I continued the practice of weighing myself, and found that I regularly lost weight upon an increased quantity of food; wherefore I returned to that which was prescribed to me.'"

Hot Water in the Treatment of Inflammation of Mucous Membranes.—Dr. George R. Shepherd, Hartford, Conn., contributes the following on this subject to the Medical Record: In your issue of June 16th, you quote, from the Medical Age, Dr. Riky's method of treating throat troubles with hot-water gargles. I have used hot water as a gargle for the past six or eight years, having been led to do so from seeing its beneficial effects in gynecology.

In acute pharyngitis and tousillitis, if properly used at the commencement of the attack, it constitutes one of our most effective remedies, being frequently promptly curative. If used later in the disease, or in chronic cases, it is always beneficial, though perhaps not so immediately curative. To be of service it should be used in considerable quantity (a half pint or pint) at a time, and just as hot as the throat will tolerate. I have seen many cases of acute disease thus aborted and can commend the method with great confidence.

I believe it may be taken as an established fact, that in the treatment of inflammations generally, and those of the mucous membranes in particular, moist heat is of service, and in most cases hot water is preferable to steam.

All are familiar with its use in ophthalmia and conjunctivitis, as also in inflammations of the external and middle ear, and I feel confident that those who employ it for that most annoying of all slight troubles to prescribe for, viz.: a cold in the head, or acute coryza, will seldom think of using the irritating drugs mentioned in the books, nor of inducing complete anæsthesia with chloroform in preference to the hot-water douche. It is important to recollect, however, that to be effective in aborting this disease, it must be employed during the first stage of hyperæmia.

Nor is the urethral mucous membrane any exception to the general rule. Cases of urethritis and gonorrhœa are benefited or cured by its use when applied at the commencement of the inflammation. In the cure of gleet, I know of no other agent so often serviceable. Where there is no stricture, almost any case of gleet will yield in a short time to the use of the hot-water douche followed by mild astringents.

Keep in mind the principle of its curative action, viz.: the removal of hyperæmia, and the local sedative influence, and there will be found few cases of inflammation of mucous membranes where it will not, at some stage of the disease, promote a cure.

The Number of Tonsils to the Bushel.—A correspondent of the Medical Record, Dr. W. N. Williams, who is of a mathematical turn of mind, has been stimulated to certain calculations by a statement made at the late meeting of the American Medical Association by Dr. J. P. Thompson, of Indianapolis, to the effect that during his professional career he had excised two bushels of tonsils. As Dr. T. was particular to fortify his hearers for the statement by assuring them that he had taken all precautions against exaggeration, his claim must not be considered as one of those which are liable to be loosely made, under the excitement of debate or under the embarrassment with which the inexperienced speaker is prone to be afflicted when having the collected wisdom of the country for an audience. But the use of the bushel measure in medicine has not as yet been sanctioned, even under the metric system, and the profession is under obligations to the Record's correspondent for his estimation of the number of tonsils which a bushel measure may hold. Without this estimate, the true greatness of Dr. Thompson as a tonsillotamist would, perhaps, and probably, never dawn upon the mind of the average practitioner. Dr. Williams computes the capacity of two bushels at 4,300 cubic inches, and estimates the size of each tonsil as it leaves the tonsillitome at one-half cubic inch. With these figures before him,

the merest tyro in mathematics will at once perceive that two bushels of tonsils equals 8,600 of these anatomical superfluities. Had our tonsillotomist of Hoosierdom excised one tonsil a day, it must have taken him 23 years 6 months and 25 days to complete his two bushels. At the rate of two a day, the job would require 11 years 9 months and 12½ days.

With these figures before us, we shall hereafter have some data upon which to work. As the case now stands Dr. Thompson holds the belt, his achievement being the first on record, and it only on the record that the championship is decided. Dr. Williams calls upon all ambitious tonsillotomists to "sail in," if they would take the belt at the next meeting of the American Medical Association. We have, as yet, no one to enter from Michigan, but doubt not that at the proper time her reputation will be found to have been sustained.

THE NOSTRUM QUESTION IN GERMANY.—An incident illustrating the readiness with which the honorable physician may unwittingly suffer himself to become the dupe of the quack has recently transpired in Germany. The Aerztevereinbund has preferred charges against Professor Virchow for alleged unprofessional conduct, consisting in the giving of a testimonial to a secret remedy known as the Pilulæ Helveticæ. The action of the Bund very naturally created considerable commotion and Virchow found himself in a position which he himself realized to be very unenviable. In a letter to the Berliner Medicinische Wochenschrift he expresses great surprize at the amount of displeasure which his thoughtless action in the premises has aroused, and proceeds to give an explanation. It appears that he received a sample of the pills accompanied by a letter from Dr. Brandt requesting him to subject them to a trial. This first letter was shortly followed by a second, and feeling himself in need of something which would do what was claimed for the pills he took a few of them. The result was apparently so satisfactory that he good naturedly wrote a few lines stating the fact. He denies, however, that these lines were a testimonial for the pill—they were a mere statement of their action in his own individual case, and were not intended for publication. The manufacturer of the pills, however, did not propose to allow this opportunity to connect the illustrious name with his nostrum, to pass by unimproved. He, therefore, did as it is the custom of his kind in this country to do, and Virchow was freely advertised as an endorser of the wonderful combination.

The Bund, it seems, was rather precipitate in its action and did Virchow the injustice of roundly condemning him before affording him an opportunity to make his explanation. For this it is censured by Dr. Ewald, of the Wochenschrift, who sympathizes with Virchow under the circumstances and endorses his withdrawal from the Bund. While the incident is very much to be regretted it will prove valuable as an additional warning to the profession of this country, against the machinations of the counterparts of the "Pilulæ Helveticæ" manufacturers this side the Atlantic. It is charitable to believe that the bulk of the medical certificates attached to the advertisements of our American nostrums were obtained in a like surreptitious manner.

THE RISKS OF "MASSAGE."—Dr. Julius Althaus, M. D., physician to the Hospital of Epilepsy and Paralysis, Regent's Park, deprecates (British Medical Journal) the abuse of massage, a practice often now employed where it can be of no service. "It is well known that at various times epilepsy, idiocy, and some forms of insanity, have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of massage, which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it self-evident that massage should not to be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hæmorrhage, embolism, and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands; and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

That which may be good for developing and strengthening healthy muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are, unfortunately, now much treated with massage and exercises, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state of the nervous centres. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedures of this kind; and in a case of cerebral paralysis which was some time ago under my care, the patient had, after four such sittings, been seized with collapse, which nearly carried him off."

PAGET'S DISEASE OF THE NIPPLE.—Dr. Louis A. Duhring, reports in the July number of the American Journal of the Medical Sciences, two cases of Paget's disease of the nipple, which he holds is not an eczema, but a peculiar disease with a malignant tendency. It must be distinguished from eczema, which it resembles, and from ordinary cancer, which it is altogether unlike in its earlier stages. It seems to occupy a ground having the characters of both diseases. The report is interesting in showing the natural history of the affection. This is peculiar. The

course of the process is emphatically chronic. In both instances, moreover, the progress of the disease was insidious as well as slow. Nothing of a malignant nature was suspected until after the lapse of five and ten years respectively. The itching, which eventually became such a marked symptom, was in both cases insignificant until the affection had existed several years. It may be said not to have manifested itself until after the process had been well established. In this respect the disease differs decidedly from eczema, where itching is one of the first signs noted. The circumscribed, sharply defined outline of the lesion, and the slightly elevated border, are also symptoms which do not obtain in eczema. The brilliant color of the lesion is striking, and is more marked than in eczema. The absence of the "eczematous surface," characterized by appreciable discharge or by vesicles, pustules, or puncta, coming and going from time to time, and the absence of exacerbations, so usual in eczema, may also be referred to. A point to which attention may also be directed is the infiltration, which is firm or even hard, but is not deep-seated. It is rather superficial. In eczema, on the other hand, it is soft.

The pains coming on later in the course of the disease, and the indurated, lumpy, or knotty lesions within the gland structure, of course point strongly to the malignant or cancerous nature of the disease, the existence of which cannot be doubted.

Cases of Lesions of Peripheral Nerve-Trunks.—In the July number of the American Journal of the Medical Sciences Dr. Weir Mitchell contributes another of his instructive papers on nerve lesions, illustrated by five recent cases, which he has very carefully noted and studied. Nothing which we know as yet explains all the clinical phenomena of these interesting cases, and, in all probability, some of the variations in the symptoms observed are to be attributed to differences in the character of the disorder affecting the nerve-trunks, or even to the nature of the causes originating the active pathological condition.

In one of the cases, among the various points of interest, none exceeds in value the abrupt extension of the areas of lessened sensation which was seen after section of the median and radial nerves. This was not to be accounted for upon any knowledge which we now have of the peripheral distribution of nerves, since in one case the dysæsthesia spread far beyond the region tributary to the nerve stretched or cut; and, in the other, in some directions did not cover the whole regions usually affected after radial nerve sections. Generally speaking, the symptom is to be considered as one of the many forms of shock. A sudden injury to a nerve already morbidly altered gives rise to an inhibition of function in certain closely related centres. The disturbance might be in the direction of motor or of sensory inhibition, and both forms are among the rarer phenomena of nerve wounds from rifle balls. The fact itself is less surprising than its permanence, nor is it easy to comprehend the precise nature of an influence which may act on such varied functions, and act so persistently.

In a case of section of the infra-orbital nerve for facial neuralgia, the remarkable feature was the fall of temperature, a symptom exceptionally rare in any form of neuritis, whether of internal or traumatic origin.

Contusions of the Brain and Spinal Cord.—Dr. John A. Lidell, late surgeon to Bellevue Hospital, New York, in an elaborate practical paper on this subject in the July number of the American Journal of the Medical Sciences, discusses the clinical history, diagnosis, prognosis, and treatment of this large and very important class of injuries. While much is said in our text-books on the subject of cerebral concussion—of its dangers and of its importance—but small if any mention is made of the contusions of the brain which so very often complicate the concussions, and impart to them whatever of gravity, be it much or little, that they may chance to possess. And still less mention is made of the contusions of the spinal cord. No wonder, then, that bruises of the brain-structure, and of the spinal cord-substance occur much more frequently than is generally supposed, that the relationship which exists between these injuries and concussions is not well understood, and that the bruises of these organs often escape even all suspicion, during life.

That slight or even moderate concussions of the brain sometimes, perhaps not unfrequently, occur without being complicated with contusions of the brain, Dr. Lidell does not doubt. Contusion of the brain is, therefore, he believes, not synonymous with concussion of the brain; but, at the same time, all the evidence now collected tends to prove that the severe instances of cerebral concussion are always complicated with cerebral contusion. Concussion of the brain, however, derives its chief importance from the fact that it is very often associated with contusion of the brain; and, in examining a case of cerebral concussion, the question of most importance for the surgeon to decide is whether or not cerebral contusion is also present.

These are points of doctrine which, practically, have much interest for patients as well as practitioners, because of the influence they are likely to exert in the direction of procuring a correct diagnosis and, consequently, a wise treatment; for, in the disorders of no other parts of the body is it more true that an accurate diagnosis begets a wise plan of treatment than in those of the brain and spinal cord.

The Status of the Doctrine of Evolution.—The British Medical Journal gives an account of the reception given Professor Huxley at Cambridge, on the occasion of his lecture on the "Origin of the Existing Forms of Animal Life Construction or Evolution." There were eleven hundred persons present and among them nearly all the resident

university dignitaries. Each mention of the name of Darwin was received with enthusiastic cheers. Such a reception is certainly suggestive of the status of this once much reviled theory. Professor Huxley illustrated his arguments by diagrams of the pearly nautilus and the egg in their usual process of development. He stated the objections to evolution to be chiefly three: (1) that it was impossible, (2) that it was immoral, and (3) that it was opposed to the argument of design. In answer, he argued that what was conceivable was possible, and that, further, there was proof of its being possible afforded in numberless instances every day. If it were immoral, what was true was immoral; and with regard to its being opposed to the argument of design, he quoted from the twenty-ninth chapter of Paley, in which he said he first became interested many years ago. His conviction of the truth of the doctrine of evolution was, he said, founded on the personal study of twenty years, having devoted all the time he could beg, borrow, and, he was afraid, steal from other vocations. On the proposal of the Chancellor, the Duke of Devonshire, a vote of thanks was accorded to the lecturer.

A Path to Distinction.—The Planet, of New York, ceasing for the nonce to shine by its own light reflects as follows the doings of the the profession in that city: New York is at present filled with "celebrated doctors;" the trouble is to find out who is the most celebrated. Almost every doctor is writing a book; writing for half dozen medical journals simultaneously—especially Hay's Journal; if not writing a book for himself, is helping to write a book for some other doctor; is contributing articles to encyclopœdias; is professor at two or three colleges; visiting physician or consulting surgeon to three hospitals; attends three or four dispensaries—seeing plenty of "material;" drives a coupé and two horses; lives in a palace.

If you should happen to have no patients, do not let that trifle disturb you in the race of fame: but get some poor monkey or dog by the tail, perform an "experiment" on him, look up the "bibliography" or "literature" of the monkey, copy into your monogram what some other man did with a monkey, put his monkey and your monkey together, and that will make quite a respectable article; the article will be still larger and more imposing if you copy out several "experiments" performed in London and Paris—but put your own name at the head of the whole thing (all the monkeys). If human beings are scarce in your office, write up pigs and horses—that is not bad to begin with.

Excretion of Phosphorus and Phosphites After Mental Labor.—It is very generally supposed, but on whose authority it is not clearly known, that brain work is followed by excretion of phosphorus. Dr. Holmes, in one of his essays, endorses this belief by the statement that if the clergyman does his duty on Sunday the fact will appear in the amount of phosphorus in his urine on Monday. He, however, cites no authority for the statement, and it is not based on his own observations. The statement may, therefore, be but the outcome of a slight indulgence in poetic license.

Dr. R. T. Edes, of Boston, read a paper before a meeting of the American Neurological Association on the 21st ult., in which he combatted the above views, maintaining, from results of experiments on himself, that the supposed increase of phosphorus in the excretions after mental effort is a fallacy. The average of phosphoric acid per hour while working was 0.1153 gramme; that during leisure hours was 0.1157 gramme. The quantity seemed to be affected by the amount of urinary water rather than by any other circumstances, but did not follow this exactly. Dr. Edes suggests as a conclusion from his experiments that the demonstration of the value of phosphorus as a mental stimulus or tonic must rest rather on a clinical than a chemical basis.

The Medical Voyage of Life.—The following clever chronological classification of the ills to which human flesh is heir, may give a faint conception of the gauntlet which we poor mortals have to run: First year: icterus neonatorum, hyperkinesis intestinalis and vaccination. Second year: dentition, croup, cholera infantum and fits. Third year: diphtheria, whooping cough and bronchitis. Fourth year: scarlatina, worms and meningitis. Fifth year: measles. Now half the children are dead. Seventh year: mumps. Tenth year: chorea and typhoid fever. Fifteenth year: hyperæsthesia sexualis Sixteenth year: spermatorrhœa, chlorosis and spinal irritation. Eighteenth year: blenorrhœa urethralis. Twentieth year: bubo, alcoholic cephalalgia, vertigo. Twenty-fifth year: matrimony. Twenty-sixth year: insomnia de infanto. Thirtieth year: dyspepsia, nervous asthenia. Thirty-fifth year: pneumonia Forty-fifth year: lumbago, presbyopia. Fifty-fifth year: rheumatism, alopecia. Sixtieth year: amnesia, deciduousness of teeth, bony arteries. Sixty-fifth year: apoplexy. Seventieth year. amblyopia, deafness, anosmia, general dyskinesis, atonic digestive tract, rheumatismus deformans. Seventy fifth year finis.

Hydrated Oxide of Iron.—Dr. Squibb recommends the following as a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained. Take of

Tinct. ferri chloridi	ʒ iv
Aquæ font..... . . .	ʒ iv

Mix in a vessel of ʒ xij capacity,

And add aqua ammon., ʒ ij.

Shake well, pour it on a large wet muslin drainer, wring out the water and alcohol and wash with fresh water. The stomach having been evacuated by emetics while the antidote was being prepared, give f. ʒ iv at once, to be followed by an emetic. Then give ʒ ij every ten minutes.

Hæmostatic Pills.—The following formula is given by L'Union Medicale for Gueneau de Mussey's Hæmostatic Pills:

Extract of rhatany	3 j
Powdered ergot	gr. xlv
Powdered digitalis	gr. viij
Ext. of hyoscyamus	gr. jv.

M. Divide into 20 pills and take from four to six during 24 hours.

The indefatigable Pasteur is off for Egypt at the head of a commission organized for the investigation of cholera. The following gentlemen have taken their lives in their hands and are off with him: MM. Roux and Thuillier, of Pasteur's Laboratory, Strauss of the Faculté de Medecine and Nolaco. Lord Granville has been written to for the grant of the needful facilities for travel, under the rules now operative in the unfortunate country. Wishes for the personal safety of the intrepid scientist, as well as for the success of his mission, will follow him from the hearts of all civilized people.

The Medical Record of the 4th inst. contains a synoptical report of the proceedings of the annual meeting of the British Medical Association, held at Liverpool on July 31 and August 1, 2 and 3, together with the address in full before the Section on Surgery, by Reginald Harrison, F. R. C. S. Such enterprise as this is unique in the history of medical journalism, in this or any other country, and will strengthen our contemporary's already strong hold on the esteem of all truly progressive physicians.

The Pacific Medical and Surgical Journal states that it has on its books the names of a number of subscribers who are behind in their accounts. For the good name of the Pacific slope we hope the profession there will not rest long under this grave imputation. This unique position (?), as compared with the profession of the east, on this important question does not redound to its credit.

The secretary of the St. Louis Medical Society has issued a reprint of resolutions disclaiming the responsibility of the request made by Dr. Pollak, one of its members, for a revision of the code of ethics at the late meeting of the American Medical Association. It seems that Dr. Pollak acted without authority and the society takes occasion to reconsecrate itself to "the time-honored and most suitable fundamental law of the profession."

The Journal of the American Medical Association made its debut on the 14th ult. Its editor intimated at the last meeting of the American Medical Association that it would be unfair to expect it to reach perfection at a bound. The profession were thus fortified against a disappointment which might otherwise have been inflicted. When it gets properly settled down to work it may do better.

Dr. Roswell Park announces his retirement from the Chicago Medical Review and his removal to Buffalo, having been appointed professor of surgery in the medical college at that place. The Review thus loses from its staff a very valuable member, but its loss is the Buffalo medical college's gain.

The Cincinnati Lancet and Clinic is responsible for the statement that there lives in Porkopolis a physician who when called to see a case which he does not understand, is habitually seized with a sudden call of nature, and while in the seclusion granted by the haunts devoted to evacuant purposes, he gets out his "little giant crammer" and posts up.

A second-year medical student, who devoted himself to the dissection of a defunct dude, was struck with the number of homologues which he discovered. It is now suggested that the dude is the long-sought-for missing link, the absence of which has always been the weak spot in the Darwinian theory.

Hyrtl, the anatomist, declares that the "tartar" which dentists are so careful to remove from our teeth as a deleterious accumulation, is nature's method of preserving them, and should, therefore, not be interfered with. Which is right?

The marriage of Professor Samuel G. Armor, of the Long Island Hospital College, to Mary T. Yorke, of Cincinnati, is announced in eastern exchanges. Professor Armor's many friends in this city, his former home, will join in the congratulations.

Hebra: When you examine the hand of a patient and find on it the evidences of palmar psoriasis, be that hand the jeweled and perfumed hand of a queen or the dirty paw of a beggar, it is the hand of a syphilitic.

A man now awaiting trial at Waterbury, Conn., on the charge of causing the death of his sister by malpractice, is neatly described by the local authorities as "a peddler with a fondness for medical reading."

The advent of cholera into western civilization would, in all probability, furnish a stimulus to cremation as a means of disposing of the dead.

A contemporary speaks of the *core* of associate editors of one of its exchanges. Well *core* is better than *corpse*, anyway.

Puck defines an ear-ring as a convention of otologists. Would it call a dentist a tooth-pick?

Materia Medica for Physicians and Students. By John B. Biddle, M. D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Ninth edition, rewritten and enlarged, in accordance with the Sixth Revision of the U. S. Pharmacopœia. By Clement Biddle, M. D., U. S. N., with numerous illustrations.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane.

The many practitioners throughout this country who enjoyed the opportunity of listening to the lectures of the late Dr. Biddle, will hail this posthumous and improved edition of this text-book, not only as a recognition of the superior qualities of the author, but also as a great benefit to the profession. Singular as it may appear, the most practical division of medicine to which it is devoted, is more in need of such text-books as will at the same time meet the requirements of the student and the demands of the practitioner, than is any of the other

seven divisions into which the science has been for convenience divided. A careful perusal of this new edition of Biddle satisfies us that it deserves a place both on the list of books recommended for the use of students in the annual college announcement and on that shelf of the practitioner's library to which he most frequently repairs for consultation.

The ideal classification of remedies is still reserved not so much for some master mind to make, as for the attainment of that perfection in our knowledge of vital processes, and of the manner in which they may be influenced under the action of drugs, which alone can furnish the basis of such classification. It is no disparagement of Dr. Biddle's classification, therefore, to say that it does not fulfil our ideal. It is, in our opinion, not even as good as it might be, in view of the advances which have been made since previous editions. But, seeing that perfection in this direction is not yet possible, the failure of any work to meet any particular individual's ideal, by no means affects its value as a whole.

Any extended analysis of Biddle's Materia Medica would require more space than we could devote. Suffice it, therefore, to say that proper importance is given in it to the physiological action of drugs, and the proper relation is sought to be maintained throughout between such action and therapeutic effects. The book is an octavo volume of upwards of 500 pages, and the necessary condensation to keep the treatment of the large subject within these limits without impairing perspicuity has been very successfully accomplished.

THE MICROSCOPE AND ITS REVELATIONS. By William B. Carpenter, C. B., M. D., LL. D., F. R. S., F. G. S., F. L. S., corresponding member of the Institute of France and of the American Philosophical Society, etc., etc. Sixth edition. Illustrated by twenty-six plates and five hundred wood engravings. Volume I.
New York: William Wood & Co.

As an instrument of precision the microscope has, with the advances which have characterized medicine during the past twenty years, become one of the most indispensable, and it is a pleasing commentary on the status of the science to-day that it is so largely viewed in this light by physicians. With the necessity of the microscope so generally conceded, the necessity of the most exact instruction in its use has become all the more apparent. A number of manuals on the subject, for the use of physicians, have from time to time appeared, but none have approached in completeness the book before us. Dr. Carpenter's work is, moreover, not confined in its scope to the requirements of the physician, but is a comprehensive treatise on the whole subject of microscopy. Volume I is divided into nine chapters, devoted respectively to Optical Principles of the Microscope, Construction of the Microscope, Accessory Apparatus, Management of the Microscope, Preparing, Mounting and Collection of Objects, Microscopic Forms of Vegetable Life — Simpler Algæ, Protophytic and Other Fungi — Lichens, Microscopic Structure of Higher Cryptogamia, and Microscopic Structure of Phanerogamic Plants.

The work forms an admirable member of the Library of Standard Medical Authors, and is but an additional evidence of the appreciation by the publishers of the wants of the profession.

TREATMENT OF DISEASES OF INFANCY AND CHILDHOOD, WITH over four hundred formulæ and prescriptions as exemplified in the service of Drs. A. Jacobi, J. Lewis Smith, Alonzo Clark, Austin Flint, Wm. A. Hammond, A. L. Loomis, etc., etc., and in the Hospital of New York City. By Chas. H. Goodwin, M. D.
New York: C. H. Goodwin, M. D., 245 West 53d Street. Price $2.50.

This 12 mo. volume of 284 pages is a compilation of the summarized views on the treatment of the various diseases peculiar to childhood, held by eminent physicians of New York city. The compiler has essayed a task which we do not think he has satisfactorily completed

The aim to compress the views of so many men on such a variety of subjects into such narrow limits must be doomed to failure from the beginning. Had he devoted his little book to the views of two or three instead of those of the twenty-five physicians whose names he mentions, he would have been able both to do these two or three justice and to have given his readers a more satisfactory work. In a work which claims to give the most advanced views on the therapy of diseases we are disappointed in not finding any mention of stavesacre in phthiriasis, burdock seed in psoriasis, the sulphites in erysipelas, cascara sagrada in constipation, Bartholow's guide to the exhibition of the various anti-rheumatics, dialyzed iron in anæmia, etc.

To those who think there is value in the set prescriptions of eminent men it will be acceptable.

The North American for August opens with a very spirited discussion of the subject of "Moral Instruction in the Public Schools," by the Rev. Dr. R. Heber Newton, who offers a practical scheme for conveying ethical instruction without reference to religious tenets, and the Rev. Dr. Francis L. Patton, who maintains that the Bible must be made the basis of all moral teaching. Henry D. Lloyd exposes the tricks and frauds of speculation in grain, which operate to make bread dear, and maintains that they should be repressed by law, as being flagrantly in opposition to public policy. "Woman in Politics," by ex-Surgeon-General Wm. A. Hammond, is a caustic discussion of certain facts of nervous organization which in his opinion render the female sex unfitted for participation in public affairs. Hon. Francis A. Walker reviews "Henry George's Social Fallacies," criticizing in particular his doctrines regarding land tenure and rent. The evils resulting from "Crude Methods of Legislation," both national and State, are pointed out by Simon Sterne, who advocates the adoption of certain rules of legislative procedure which, in English practice, have been found to serve as an effectual barrier, both against lobbying and against the mischiefs of ill-considered law making. Chas. F. Wingate writes of "The Unsanitary Homes of the Rich," and there is a joint discussion of "Science and Prayer," by President Galusha Anderson and Thaddeus B. Wakeman. Published at 30 Lafayette Place, New York, and for sale by booksellers generally

The Identity of Diphtheria and Croup.

BY TYLER HULL, M. D. DIMONDALE, MICH.

In the number of the AGE for July 25th, Dr. G. W. Chrouch discusses the non-identity of membranous croup and diphtheria. Being a firm believer in their identity, I wish to say that in quite an extensive general practice of sixteen years, I have not met a single case of membranous croup which was not plainly, in my mind at least, one of genuine diphtheria. The doctor asks if they are not two diseases, but identical, "how shall we accouut for the differences in morbid anatomy and symptomatology?" And then goes on and formulates seven distinct propositions which I will briefly consider seriatim.

His first.—"Croup is sporadic; diphtheria epidemic." Does he intend to say that diphtheria is always epidemic? If so, he is opposed by medical literature and experience—certainly by my experience, for I have seen, time and again, unmistakable diphtheria break out without apparent results of epidemic or contagious influences, in a neighborhood, other children in the family, with neighboring children being exposed, and yet only the single case occurring in that locality for a long time. Have not most physicians of experience met, time and again, with similar examples? Such is proof to me that diphtheria is sometimes sporadic, as well as epidemic. The latter part of the proposition would express the whole truth if it read: diphtheria is epidemic, endemic and sporadic.

Second.—"Croup is non-contagious; diphtheria is contagious." Perhaps I would not be allowed to sit in judgment upon the first clause, after having committed myself as above. I once knew two children in a family to die within a week of each other of what a very competent physician in attendance called membranous croup, pure and simple, yet I was just as firmly of the opinion that both cases were croup caused by diphtheria. As before remarked, cases of unmistakable diphtheria will occur here and there with the very best opportunities for it to be communicated, yet it is not. Observation many times, establishes the theory, that it is but feebly contagious, except in certain bad cases, attended with foul discharges from the fauces, and nares, very offensive breath, and generally marked swelling of the cervical glands, that generate seemingly a powerful contagion, which is given off in the immediate surroundings, quite certain to communicate its poison to the susceptible who come in contact with it.

Third.—"The pseudo-membrane in croup is strictly upon the mucous membrane; in diphtheria it is not only upon, but infiltrated and submucous." Does this difference exist as between membranous croup and diphtheritic croup always? I would ask, can the doctor differentiate the one from the other post mortem? If so why all this disagreement by the leading pathological anatomists of to-day, in relation to their identity? I will only say more of this proposition—"not proven."

Fourth.—"In croup we have to deal with a local disease; in diphtheria with a constitutional." This seems very categorical. Please allow, that, if we saw none but mild cases of pharyngeal diphtheria, with but slight constitutional disturbances, and very many such occur, we might easily be led to believe, that it was only a local affection. Some very clever doctors even in this enlightened pathological era, claim that diphtheria begins as a local disease, and the little colony of micrococci multiplying and migrating, the blood becomes contaminated, and a systemic disturbance is set up, as a consequence. Diphtheritic croup as we meet it, in fully one half of the cases, (a statement, I apprehend, in which most physicians of experience will concur,) would be devoid of any considerable danger, and need give rise to but little apprehension, as to final results, were it not for the mechanical obstruction to the respiratory process caused by the membranous formation in the narrow passage of the larynx. In the majority of fatal cases of diphtheritic croup, did the same amount of membrane form elsewhere in any of its usual sites, without implication of the air passages, thereby securing immunity from the terribly labored breathing—so much genuine agony—the attack would be devoid of serious consequences. For who has seen a patient exerting himself to the utmost, for breath even, and heard him exclaim, almost with each passing moment, "I am so tired," without coming to the conclusion that such exceeding fatality is caused more from asphyxy—the accumulation of carbonic acid in the blood—and the depression of the vital forces as a consequence of the extreme agitation, and severe labor to keep the breathing going, than from any general cause or disease, acting upon the organism as a whole?

Fifth. "In croup we have causation: (*a*) constitutional tendency, (*b*) vicissitudes of temperature, (*c*), the inhalation or swallowing of irritants. In diphtheria (these do not act as causes), exposure to the *materies morbi* only." Genuine, unquestioned pharyngeal diphtheria follows each and every cause here enumerated much more often than does the so-called membranous croup. And what right have we to say that one is caused thereby and the other is not? Is it not because of our medical "bringing-up," instead of a full appreciation of the etiological factors in these cases? I might assert that diphtheria followed as a consequence, sometimes, from some one of the mentioned causes of membranous croup. Who could disprove it? We have many theories in medicine, that are accepted generally as proven facts, that really have no more foundation than such an assertion would have; and this proposition of the doctor's embodies theories just as wanting in demonstration. If diphtheria is always due to a certain peculiar *materies morbi*, how much do we know of its nature and diffusion? And how far will it travel from its den, to attack some poor innocent child, in some obscure place, where we would least expect to see its protean forms, and seemingly where, as far as human knowledge and foresight can determine, it has no theoretical right or business to be found?

Sixth.—"The pseudo-membrane of croup has, I believe, never been known to invade other parts; in diphtheria it may be found on almost any delicate surface, etc." There is probably no doubt that in certain very adynamic cases of diphtheria membranous formations have taken place in other than its usual sites. But that it will form on other delicate or abraded places in the common or average cases, I do not believe, having never seen it do so; and its formation elsewhere than upon the mucous membrane of the respiratory, pharyngeal, buccal, palatal or nasal surfaces, must be exceedingly rare indeed.

Seventh.—"The most important difference is found in the blood after death." It is claimed by many pathologists, and perhaps conceded by all, that there are in certain exceptionally adynamic and severe cases of diphtheria, observable blood changes, but not, I take it, peculiar, beyond a reasonable doubt in a single noted case, to the disease in question. Who would think of diagnosticating diphtheria before or after death by an examination of the blood, even in those cases having the most pronouuced blood alterations? If it can be done, why all this contention as to its relation to membranous croup? If one should undertake to make a diagnosis by an examination of the blood, what would he need to find in it different than in some other diseases? He would be as much lost as the mariner, on ship at sea, without rudder or compass.

The difference in cynanche and asthenia, in different cases of diphtheritic croup, allowing that all cases of membranous croup are caused by and are diphtheria, are due to the amount of membrane in the air-passages, barring neuropathic elements on the one hand and the degree of systemic poisoning on the other.

Disease of the Osseous Structures with Reference to Causation.

BY. J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

Not for the object of elucidating a field hitherto unexplored or presenting views at all recent, but rather for the presentation of the history of a few cases, have I chosen the above-named subject for a somewhat hasty and meagre consideration.

The drift of whatever I have to offer upon the subject at the present time will be toward one of two sides taken by the profession. Without further preliminary remarks I will recite the cases as stated, which will serve as a basis for conclusions:

Case 1.—B. K., æt. eight, female, fairly nourished; has passed through two attacks of typhoid fever and one of pneumonia. Mother of patient quite healthy, father suffers from habitual cough; grandmother on father's side died of phthisis pulmonalis. About six months since, while at play, the child fell and hurt her "shin-bone," as she expressed it. Very little attention was given to this at first. After two or three days, however, when swelling began to be noticed below the knee, the parents became somewhat alarmed and called their family physician, who pronounced it rheumatism and treated it as such until sinuses began to form.

At this juncture of the case I was called in. I found necrosis of the upper third of the shaft of the right tibia. The appearance of the patient was somewhat as follows: Long silvery hair, large projecting forehead, long eyelashes, semi-transparent hands, delicately fair features, precocious intellect. A fair picture of struma.

Case 2.—A. T., male, æt. 14, apparently healthy. Has had a severe attack of typhoid fever. While carrying an armful of wood the patient fell, his right leg coming violently in contact with a pile of lumber, which caused fracture of the fibula. The fracture received the proper treatment, but did not unite. Four weeks from date of injury a sinus formed near seat of fracture. Upon making an incision the ends of the bone were found in a diseased condition. After exsection of the ends the case made a fair recovery. It will be of interest to state at this juncture that the father of this boy is suffering from progressive muscular atrophy, and that the mother died some years since from a "lingering disease."

Case 3.—E. C., æt. 32 male. Has always been quite healthy until fourteen years ago when he suffered from typhoid fever, but made a good recovery. Three years after this patient began to suffer severe "rheumatic" pain in right kneejoint, from which he, however, apparently recovered. He was quite healthy after this until three years since, when he began to suffer pain in right hip joint, the pain being regarded as rheumatic. After an interval of two or three months, patient apparently recovered. About a year ago he again felt some pain in the right hip, with a tendency of the foot to turn away from its fellow. These symptoms gradually became aggravated, until he was unable to pursue his usual avocations. Medical aid was now sought with, however, very little relief. Patient consulted me in August last, when I gained the history as above related. At this time all the well-known symptoms of morbus coxalgia were present. It is important to state that at no point in the history of this case is there evidence of local injury. The case is also interesting because we but rarely find chronic hip-joint disease in persons over twenty-five years old, it being essentially a disease of childhood.

Case 4.—C., æt. 30; male; married. When fourteen years old patient suffered from typhoid fever, from which he made a fair recovery. A few months after this he began to suffer pain in the right tibia, which symptom gradually increased in intensity until sinuses formed, with the termination of the difficulty in an operation for necrosis. Fourteen years from this date, or at the present time, the patient is suffering from chronic articular ostitis of the inferior extremity of the tibia of the same limb. There is no history of injury in any form in this case. The patient has, however, always been badly nourished.

Case 5.—Mrs. E.; æt. 28; mother of two children. Had always been quite healthy until three years

since. when she began to notice pain in, and slight enlargement of, the internal surface of the right knee joint. She was treated, with some benefit at the time, but gradually relapsed. At present she presents a genuine case of chronic articular ostitis of the superior end of the right tibia. Both father and mother of this patient died of chronic pulmonary phthisis.

Case 6.—M. V.; male; æt. 35. Has been quite healthy until six years ago, when he first began to notice pain in the shaft of the left tibia. This gradually grew until sinuses formed, and thus the difficulty ended in genuine necrosis, which has as yet not been checked, despite several operations, and which, in all probability, will not be checked without amputation at the knee joint. The mother of this patient died of chronic phthisis pulmonalis.

As nearly every physician is acquainted with the opinions of the authorities on the subject of causation of disease of the osseous structure I will not produce them here. Suffice it to say that at present the profession is divided into two bodies upon the question at issue, viz.: the "localists" and the "constitutionalists," one holding that the disease in question always springs from a local injury and the other, that there is always a constitutional predisposition when disease of the bones occurs. There are few who have not suffered a thousand local injuries to nearly every bone in the body, yet how many of us have actually suffered from disease of the osseous structures? Why do we not all suffer from these troubles? Will some of our "localists" give us an answer to this question? Although I am unable to speak upon this question from an unlimited experience, nor can I at present, entertain my readers with a philosophical dissertation on the various theories advanced in regard to the pathology of the disease in question, I can say from the few clinical facts that I have been enabled to gather, and some of which are presented above, that I have yet to see a case of disease of the osseous structures in which there is not present a constitutional taint in some form of other.

Diagnosis and Treatment of Glycosuria.

BY ORVILLE W. OWEN, M. D., LECTURER ON PHYSIOLOGY, DETROIT MEDICAL COLLEGE.

I follow the three following tests to determine the presence of sugar in urine. First, a saturated solution of cupric sulphate, gtt. v, glycerine (pure) and caustic potass. ää 3 j, boil and add the urine drop by drop. Second, bismuth subnitrate, gr. x, caustic potass. 3 j, urine 3 ij, boil. Third, sulphuric acid 3 j, urine 3 ij, boil. The first two must be tested for albumen and albuminose before the sugar tests are applied, and if there is the smallest amount of either albumen or albuminose present, they must be entirely removed.

I generally have glucose ready and after I have tested the urine and failed to get the characteristic reactions I add a little of the sugar to the solution, and if I then get the test complete I am positive there is no sugar in the original fluid. It is a mistake to think that a high specific gravity is indicative of sugar, or that a low gravity contra-indicates it, as it is now a conceded fact that the largest amount of sugar is found in urine of a specific gravity of 1010–18, and that 1040 is more apt to indicate abnormal amount of urea than of glucose. If the cupric tests turn orange, and the bismuth and sulphuric acid tests black, and no albumen or abnormal amount of urea is present, we are positive of diabetes mellitus, and we then commence the most difficult part of diagnosis, the location of the of the pathological change, and its cause. Here our powers of diagnosis are taxed to the utmost, for we must if possible locate beyond doubt, the central lesion, and as we have so many sources of this disease we are forced to depend largely upon exclusion for our result. The following are the points from which this disease, as manifested in the urine, takes origin, 1st, nervous (cerebro-spinal and vaso-motor). The first located in the floor of the 4th ventricle, the other in the sympathetic. 2d, intestinal (increased consumption and increased assimilation of starch). 3d, hepatic (disorders of the glycogenic function due to tumors, sclerosis, enlargement and degeneration of the liver cells). 4th, non assimilation of foods (dyspepsia). 5th, non-assimilation in the tissues (lungs, muscles, etc). If we find from the history of our patients that they suffer from nervous prostration, have intense cerebral pain, with rheumatic pains, hysteria, insomnia and the allied nervous troubles, we may of course at once discard hepatic and vaso motor disturbance; but we may still have any one of the other causes bringing about the trouble. An intelligent and careful examination of our patients, habits, mode of living, and a thorough examination of the abdominal cavity by palpation and manipulation, will generally be conclusive for the diagnosis of hepatic, intestinal and gastric origin. If none of the above organs are found out of order, non-assimilation, cerebro-spinal and vaso-motor disturbance must be diagnosed from, and by exclusion and treatment.

The treatment is varied and no one thing will cure all cases; in other words, we have no specific. In the cases that have came under my treatment I have been forced to vary the medicines in each individual case, and have had recourse to drugs acting upon the parts which I considered diseased. For gastric and intestinal disturbance I use pepsin, nitro-muriatic acid dil. and tincture ferri chlor. in water. For cerebral and sympathetic, large doses of potass. bromide, with or without codeia. In one case I had marked success with salicylic acid. For hepatic disorders, I can say but little, as I have never had a case where I could positively diagnose the trouble as being located in the liver. In all cases the diet should be attended to, and made an essential feature of treatment.

One point in diagnosis I failed to speak of: whenever there is much sugar, there will always be excoriation and pruritis of the meatus urinarius, of both male and female.

In conclusion I would say that, as a rule, glycosuria can be helped or held in abeyance, but in the majority of cases a permanent cure cannot be affected.

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THE MORE RECENT METHODS OF TREATING WOUNDS.—When the applause which followed Professors Keith's dispassionate arraignment of Listerism before the International Congress in 1881, had died away, all eyes were directed towards Lister. But the great apostle of the carbolic spray uttered not a word. The attack though void of impetuosity was full of momentum and the champion was borne down. When in course of time he rallied sufficiently to reply, he prefaced his remarks by stating that he had never held that abdominal surgery was the touchstone of surgery, and closed them by a forced admission of the "unfortunate character" of carbolic acid. His weak defense and forced admissions struck dismay to the hearts of his followers, chiefly the Germans. The cry, "Mein Gott! Fort mit dem Spray! Lishterism is todt! Was gibts zu bleiben?" resounded throughout the hall, and the knell of Listerism was sounded.

Since that memorable day of two years ago the surgical mind has not been idle. Although Listerism, as it was represented in the carbolic spray, had received its *coup de grâce*, the principle of treatment which it embodied did not suffer and antisepticism being still recognized as an essential of treatment the best means of securing it have engaged attention. These means, as they have thus far been published, are from German sources, the people who yielded such a slavish submission to Listerism being more zealous than any other in furthering what is really its essential part. If Lister did nothing more than to preach the gospel of cleanliness he did this more effectually than was ever done before and Listerism apart from the carbolic spray marked an era in the progress of surgery. The substances which have been proposed and are now being more or less extensively employed as substitutes for carbolic acid as applications to wounds, are chiefly the subnitrate of bismuth, corrosive sublimate and iodoform. We shall endeavor to briefly describe the manner of the application of these:*

Subnitrate of Bismuth Dressings (Kocher's Method).—The application of the subnitrate of bismuth for its antiseptic properties is called the Kocher method in honor of Prof. Theodor Kocher, of Bern, Switzerland, its introducer and advocate. Kocher by a series of experiments proved the power of this salt both to prevent putrefaction and to prevent the development of bacteria. It is to the latter property that its virtue as a dressing is due, Koch having shown that in the treatment of wounds, less depends upon disinfection, or the annihilation of micro-organisms, than upon antisepsis or the prevention of the development of bacteria. The desideratum of surgery is a substance which while possessing this latter property to an equal degree with carbolic acid, is devoid of the toxic properties of the latter. We have in bismuth the required substance. It is true that when employed in inordinate strength it produces symptoms analogous to those of lead poisoning, but in a sufficient strength to secure antisepsis (one per cent. suspended in water) it is innocuous. Owing to its insolubility the bismuth should be thoroughly triturated to remove all grittiness and the emulsion thus formed should be shaken until the salt is equally diffused throughout the liquid before using. Kocher applies it in the following manner:

From an ordinary squirting bottle the wound surface is moistened at intervals in the course of an

*The sources of our information are chiefly, as regards the bismuth and the corrosive sublimate, editorial articles in the Annals of Anatomy and Surgery; as regards iodoform an article in the Medical Times by W. W. Jaggard, M. D.

operation, so that the loose cellular tissues in particular are covered by a thin film of bismuth; at each dressing this procedure is repeated, but when the edges of the wound have been brought into apposition, bismuth, made into a thick paste, is spread upon the line of suture and allowed to dry into a crust. This method has been followed by the happiest results. The dressings of Kocher, then, consist of (1) strips of absorptive material covered by (2) a layer of gauze—both of these having been dipped into a ten per cent. solution of bismuth and the moisture thoroughly wrung out before application—and over these is laid (3) a piece of India rubber cloth (4) cotton wadding, and (5) a dry roller bandage finishes the dressing.

To obtain the advantages which bismuth offers for securing union by first intention, certain other points must receive attention. The collection of a quantity of blood in the cavity of the wound must be prevented. This may be obtained by the forci-pressure forceps of Pean, Billroth, or by Kocher's modifications of the latter. The advantages of these forceps consist in the fact that they grasp firmly when applied, take up a limited amount of space, and are absolutely aseptic. Hæmorrhage, therefore, can be promptly controlled. Since extravasation from blood and lymph vessels cannot be absolutely prevented by ligature, a uniform compression of the edges and surface of the wound throughout its whole extent is necessary. This may be obtained by the use of a Martin's rubber bandage. Kocher uses a combination of adhesive plaster with strips of rubber stitched or pasted together; in order to secure permanent adhesion betwen the rubber and the plaster they should be subjected to powerful pressure. A strip of rubber, with adhesive plaster strips upon either end, if this method is used, should be prepared for an expected operation. If this compress dressing can be applied with accuracy the surgeon will be justified, hæmorrhage having been controlled and bismuth having been applied, in closing the wound immediately after an operation. By means of the rubber and adhesive plaster strips pressure may be secured sufficient to prevent extravasation without materially impeding circulation. The most prominent feature in this dressing is the absence of encircling bandages, since by the use of good adhesive plaster the rubber strips can be tightened or relaxed to suit all circumstances.

With the rapid healing of wounds following the use of these methods, care must be taken against too early exertions upon the part of patients, subjecting them to the possible detachment of emboli from imperfectly organized thrombi in the several vessels. Experience shows that there is particular danger of this in wounds of the neck and other parts where the ligature of a large vein may have been necessary.

The perfect asepsis secured by bismuth in the chief point in its favor. For instance, in a case of knee-joint disease with fungous degeneration, where the joint was opened and the diseased tissue removed, then dressed with bismuth and the secondary suture, without the use of drainage tubes, rapid and uncomplicated recovery ensued.

Another advantage of bismuth, if used according to this method, is the entire absence of direct systemic effects. The great simplicity of the method, and the absence of cumbersome details and apparatus is of great advantage to the surgeon. The convenience and freedom from annoyance to the patient as well is greatly in its favor. The application of the salt upon a fresh wound surface causes, momentarily, a smart burning sensation. On the second day, when the secondary suture is applied, the patient no longer complains when the bismuth irrigation is used.

As an antiseptic, bismuth is of greater use than iodoform on account of its insolubility. If it is desired to disinfect hands or instruments, or if an infected wound and the integument surrounding it must be disinfected, *i. e.*, if pathogenic organisms, which have found entrance to the wound, are to be destroyed, soluble antiseptics, like carbolic acid or corrosive sublimate, should be used.

Corrosive Sublimate Dressings (Kümmell's method). The credit of using the mercuric bichloride both for the purposes of irrigation and wound dressings, belongs to Kümmell, of Hamburgh, whose attention was directed to the subject through the labors of Koch. Experiments have shown that in solutions of this salt, of strength of from 1:1,000 to 1:20,000, bacteria are killed and their further development checked. It is the most powerful of antiseptics, as shown by the experiments of Koch and Pasteur on the bacillus of gangrene of the spleen. This bacillus resisted all other antiseptics, but was readily destroyed by a solution of corrosive sublimate, 1:1,000.

Acting upon the possibilities which these experiments suggested, Kümmell proceeded to make a practical test of the applicability of the mercuric bichloride as an anti-septic wound dressing. Disappointed at the comparatively slight antiseptic effect of the five-per-cent. carbolic solution in general use for purposes of irrigation, he at first used a 1 to 5,000 solution of mercuric bi-chloride for the same purpose in Schede's wards in the Hamburgh General Hospital. He gradually increased the strength of the irrigating fluid to 1 to 1,000, and even to a one per cent. solution, without the slightest trace of dangerous symptoms supervening. The five per cent. solution of carbolic acid was used for the spray and as a bath for the instruments. The latter, if exposed to the action of the mercuric bi-chloride for only a few seconds, will become blackened by the rapid amalgamation upon their bright surfaces; nickle plating will not protect them from this injury. Enveloped as the heads of the operator and his assistants are by the spray, a sufficient amount of the latter, were it to be even an atomization of a very dilute solution of the mercuric bi-chloride, might be productive of troublesome if not dangerous symptoms. It is evident, therefore, that for neither of

the above purposes can the corrosive sublimate solutions be made available. In two patients treated with the one-per-cent. solution the constitutional effects of the drug appeared; in one salivation taking place, and in the other a diarrhœa, which latter was afterwards thought to be of a tuberculous origin. Recovery took place in both cases in a few days without the necessity of a removal of the dressings. Both of these patients had suffered previously from iodoform intoxication, suggesting a peculiar susceptibility to the action of antiseptics.

Since the introduction of the mercuric bi-chloride solution as an irrigating fluid, Kümmell deprecates the use of sponges, except when absolutely required in the operation itself; the cheapness of the sublimate justifies its free use in cleansing the parts. The floor and the walls of the operating room are scoured and scrubbed with the solution, and no accident has yet occurred to either attendants or patients. After seven months' use of the substance in this free manner, he avers that, with the exception of the two cases above alluded to, no ill effects whatever have been attributed to it.

In a person with an extremely sensitive skin the dressings of mercuric bi-chloride may, according to Kümmell, produce an eczematous condition of the parts surrounding the wound. This does not occur from a simple irrigation of the wound and the surrounding tissues; but when it does take place, which is rare, it arises from the constant contact of the wound and its neighborhood with dressings impregnated with the sublimate. In wounds in which putrefaction changes have already occurred, the mercuric bi-chloride solution quickly banishes the odor and arrests the septic processes.

The dressings devised by Kümmell consist of sublimated gauze and cotton, sublimated silk, sublimated cat-gut, sublimated oil, and sublimated inorganic dressing materials. These latter comprise powdered glass, sand, coal ashes, asbestos, lint made from spun glass, and, for purposes of drainage, capillary threads of spun glass.

Sublimated gauze and cotton are designed to take the place of carbolized gauze and cotton. They are made hygroscopic in the usual manner (benzine washings), and then impregnated with the following:

Corrosive sublimate	10 parts
Alcohol.....	4,490 "
Glycerine.....	500 "

The moisture is pressed out with a clothes wringer. If a stronger solution of the corrosive sublimate is used, eczema and bulke of the integument will be produced.

For sutures, sublimated silk is used. It is previously prepared as for carbolized silk, by Hegar's method, and then boiled for two hours in a one per cent. solution of the corrosive sublimate; it is then transferred to a one-tenth of one per cent. solution of the same where it is kept ready for use.

For ligatures sublimated cat-gut is used. The unprepared cat-gut is first immersed in a one-per-cent. solution of the corrosive sublimate for twelve hours, and then firmly wound upon spools, and preserved in an alcoholic solution of half of the above strength, to which is added ten per cent. of glycerine. Cat-gut thus prepared is very flexible, and it is asserted by Kümmell will give perfect immunity against infection, whatever might have been the condition of the gut prior to its preparation.

Sublimated oil, of the strength of one per cent. is employed for uniformity's sake. This oil, however, as shown by Wolfhügel and Knorre, of the Imperial German department of health, possesses no more powerful antiseptic properties than carbolized oil.

In order to avail himself of the properties of the mercuric bi-chloride in the form of a powder dressing, Kümmell experimented with a variety of substances, and finally selected common white sand. This is first well sifted and then heated in a covered vessel over a coal fire. On cooling, it is mixed with an ethereal solution of mercuric bi-chloride and kept for use in a glass-stoppered bottle. The solution is made by dissolving 10 grammes (℥ ijss) in 100 grammes (℥ iij) of ether. This quantity is sufficient to perfectly impregnate 10 kilogrammes (22 pounds avoirdupois) of previously heated sand.

The sublimated sand can be used in many ways as a wound dressing. It may be used as any other powder dressing in filling in previously disinfected and bloodless wound cavities where primary union cannot be hoped for. In such a case the dressing should not be covered with an impermeable covering, such as parchment paper, gutta-percha tissue or Mackintosh, for the reason that it is desirable not to prevent drying of the secretions in the sand, healing taking place as under the scab. The under dressing is not to be disturbed for several weeks, or until healing has taken place. The outer dressing of sublimated gauze is removed from time to time as the secretions find their way through and dry thereon, and new pieces are applied in their stead. When irrigation of the parts is required, the solution of mercuric bi-chloride is used, and new sand applied where the old has been washed away. Wounds thus treated were always found to be aseptic and odorless. The outer pieces of gauze in which the secretions had collected were, however, sometimes found to possess a glue like odor.

The sublimated sand tends to keep the wound dry by absorbing whatever secretions occur, and likewise by decreasing their amount. The discharge is often very limited indeed; large cavities, such as are left after excision of a joint, being filled with the sublimated sand, are kept so for a week without the appearance of a single drop of pus. The rapidly forming granulations push the sand outwards from the bottom of the cavity, and, upon being finally removed, disclose the wound firmly cicatrized as under the scab. No fear need be entertained of the sand being imprisoned in the granulations and remaining in the healed wound; should this occur, which is very rare, the particles of sand in the tissues will be found to be perfectly harmless. A great

advantage of the sublimated sand dressing will be found in its applicability to compound fractures and other injuries requiring the use of a plaster of paris dressing. Here, on account of the scantiness of the discharge under this dressing, the fixed apparatus may be left in situ for several weeks without being disturbed.

By means of an insufflator the fine sublimated sand may be instilled into sinuses, various fissures and deep recesses.

The sublimated sand will be found equally convenient of application in the case of wounds in which primary union is expected to occur. After the wound is brought together and drainage threads of spun glasss placed in position, a layer of lint, made of spun glass and disinfected in the solution of the strength of 1 to 1,000, is to be laid along the line of incision to prevent the sand from coming in contact with and between the edges of the wound. The sand may now be placed on in sufficient quantities and covered by several layers of sublimated gauze. This method is susceptible of general application to amputation and resection wounds, when very firm compression is not needful, and where the bone underlying the tissues affords a firm support.

A rise of temperature occurring within the first three days, the so-called aseptic fever of Lister, and which is of common occurrence when other antiseptics are used, was entirely absent when the above form of dressing was employed, according to its originator.

In cases in which primary union or union by first intention is sought, the grains of sand (when this is applied) might lead to failure. This fact caused Kümmell to devise bags made of coarsely textured cotton cloth, well disinfected and rendered hygroscopic, and filled with the antiseptic sand. The sand-bags, however, proved too heavy and cumbersome, and to overcome these objections he substituted finely sifted coal ashes for the sand. Cushions thus made are light, soft and pliable. Before applying it the bag is moistened, in order to facilitate absorption of the discharge.

Another feature of Kümmell's antiseptic method consists in the employment of glass wool or wadding. This material is derived from annealed glass rods, which are capable, when heated, of being drawn into long delicate fibres having a diameter of from 0.01 mm. to 0.006 mm. They have a snowy white appearance, with a silk-like lustre, and are very flexible. They can be braided together into bunches, or compressed into masses for convenience of use. Bunches of these can be tied together, and make most efficient capillary drains. The stands are so soft that there is no danger of broken particles entering the tissues. This glass wool can be thoroughly purified by chemical agents, and after washing, can be rendered antiseptic by immersing it in the ethereal solution of mercuric bi-chloride used in the preparation of the sublimated sand. A dry dressing thus prepared will absorb secretions very rapidly. A much simpler and more effectually antiseptic dressing of this material consists of masses of it, disinfected by submersion in concentrated sulphuric acid, and preserved in a one-per-cent. solution of the mercuric bi-chloride; when needed this is squeezed out of the solution and applied moist in thin layers directly to the wound. Where the sand or ash cushions are used, a thin layer of this glass wool will serve as a protection to the wound without detracting from the absorbent powers of the rest of the dressing.

Iodoform Dressings (Billroth's).—Billroth is scrupulously attentive to the details of antiseptics, insisting on the thorough disinfection of the apartment in which the operation is made, the hands of the operator and his assistants, and of the knives and other instruments employed. A two-and-a-half-per-cent. solution of carbolic acid is what he employs for the disinfection of persons and instruments. After completion of the operation the wound is irrigated with a solution of the same strength and thoroughly dried to remove all blood-coagula or foreign water. Great care is also bestowed on the drainage of wounds, to secure which drainage tubes are freely employed if necessary.

Billroth's dressing of the wound differs from Lister's chiefly in the substitution of carbolized gauze by iodoform, in the form of powder or of gauze.

Outside of the operating-room, iodoform is employed:

(1) As a powder, sprinkled over wounds, as upon the perineum, by means of Dr. Wölfler's iodoform-duster.

(2) As gauze, which may be either (*a*) dry, "hydrophile," or (*b*) adhesive. For the preparation of hydrophile iodoform gauze (*a*), a coarse, unbleached muslin, which has been deprived of its fatty particles, is placed in a basin, washed with carbolic acid, and is sprinkled with iodoform in form of powder until the cloth assumes a yellow color. According to the thoroughness of this operation, the gauze contains from ten to twenty per cent. of iodoform. Fifty grammes of iodoform are sufficient to impregnate six and a half metres of muslin. Hydrophile gauze costs in Vienna about eight cents per metre.

For the preparation of the adhesive iodoform gauze (*b*), the muslin, deprived of its fatty particles, is saturated with a mixture of alcoholic solution of colophonium and glycerin. The gauze is dried carefully and impregnated with iodoform in the same manner as the hydrophile. For six metres of gauze it requires two hundred and thirty grammes of iodoform and one hundred grammes of colophonium, which is dissolved in twelve hundred grammes of ninety-five per cent. alcohol, to which fifty grammes of glycerin are added. This adhesive iodoform gauze costs in Vienna about thirty-two cents per metre.

The chief function of adhesive iodoform gauze is the arrest of hemorrhage in cases of parenchymatous hemorrhage.

(3) As iodoform-glycerin. This preparation con-

sists of ten to twenty parts of iodoform to one hundred parts of glycerin, and is employed for injection into cold abscesses after the evacuation of pus by puncture or incision.

(4) As iodoform-collodium. This preparation is composed of iodoform one part to collodium ten parts, and is used in enormous quantities in the ambulatorium. It is a sovereign remedy for cuts and slight bruises. An ethereal solution of iodoform (one part iodoform, seven parts ether) forms a very convenient covering for syphilitic scleroses, and for mucous patches in the buccal cavity.

(5) As iodoform bacilli. The formula for this preparation, as it is found in the pharmacy of the General Hospital is:

℞ Iodoform. pulv..... 20.0
Gummi arabicæ.....
Glycerini.....
Amyli.....āā 2.

Fiant bacilli diversi magnitud.

The value of these bacilli cannot be over-estimated when fistulous tracts or inaccessible wound surfaces are to be medicated. In endometritis, cystitis, pyothorax, and certain urethral affections, the iodoform-bacilli are evidently of great worth.

(6) As iodoform-vaseline. This salve varies in the amount of the drug contained from twenty to fifty per cent., and is used as an application to venereal ulcers.

THE MEDICAL COLLEGES OF MICHIGAN.—The announcements of the medical colleges of Michigan for the coming *annus medicus*, have been received. They all report the usual gratifying success and encouraging prospects. That of the Medical Department of the University shows this college to have been prosperous to a degree highly encouraging to the friends and advocates of an increased standard of requirement for the graduate in medicine. The course of three sessions of nine months each, adopted somewhat tentatively three years ago, was taken by the large majority of the 117 graduates of 1883, and as a consequence this largest number of graduates in the history of the college start out with a better average of qualifications than any previous class. The fact that this large number elected to take the course of three sessions instead of embracing the opportunity afforded of getting through on two sessions, furnishes the strongest of arguments in favor of the feasibility of the longer course, and should, we think, have determined the university authorities to abolish the privilege of the student to abridge it.

Having made the advance above noted it still remains for the University, if it would be consistent, to increase its preliminary requirements of matriculates. It has no specified standard of such requirements the only requisite being that the student convince the faculty that he is able "to appreciate the technical study of medicine." It is claimed that such examination is a better safeguard against the entrance to the profession of illiterate persons than would be the requirement of "a limited specified amount of school-book knowledge to be studied up for the occasion." It is very anomalous indeed that an institution which has made such a praiseworthy effort in the direction of medical education proper should attempt to justify its practical absence of matriculation requirements through such an argument as this. We would venture the opinion that a specific standard of preliminary requirements would not in the least diminish the size of its classes while it would materially improve their quality. The increase in the number of capable students would more than counterbalance that of those who would be driven to other colleges.

The great defect in the teaching facilities of the medical college of the University lies in the limited clinical advantages. This is, of course, unavoidable in a town of 10,000 inhabitants, but the college draws in a considerable amount of material through its free clinics and this it utilizes to the utmost.

The 16th annual announcement of the Detroit Medical College is out. It opens with an argument in favor of the necessity of clinical instruction and a statement of the facilities afforded for such instruction by a city of upwards of 135,000 inhabitants, and a great commercial and manufacturing centre. This college has under its control for educational purposes Harper, St. Mary's and St. Luke's Hospitals and two large free dispensaries. The clinical material furnished by these is abundant. Its corps of lecturers, clinical and didactic, is sufficiently large, and the other facilities for instruction in the theory and practice of medicine are commensurate with the demands of a first class medical college. It requires the usual three years of study, which time shall include attendance on two regular sessions at college. This college like the medical department of the university, perpetuates the error of requiring nothing further of a matriculate than to require of him a satisfactory knowledge of the English branches. We believe this to be an error viewed even from a commercial stand point. The college opens the session of 1883-4 in its new building on Farmer street, in the most central part of the city.

The Michigan College of Medicine has sent us a copy of its fourth annual announcement. It differs little in phraseology or otherwise from its predecessor. It has two systems: the graded course of three sessions, and the ordinary three years with attendance on two sessions. It, however, gives its preference to the former. It argues the great necessity of clinical teaching, the facilities for which it affords in its clinical hospital and free dispensary. It differs from the other medical colleges of the state in that it has a standard of matriculation requirements. This is substantially the same as that of the English medical colleges, and on the strength of it this college has secured an affiliation with the Medical Council of Great Britain. This standard faithfully lived up to by medical colleges, would ensure a superior class of students and relegate those

with insufficient mental capacity to attain to it, to occupations better adapted to them.

On a review of the situation just prior to the opening of the regular college terms, it may be said that the cause of medical education languisheth no worse in Michigan than elsewhere, while in some respects it is not destitute of promise. The great drawback to it lies in the fear that a too rigid standard of requirements, either for matriculation or graduation, would drive away students with their dollars. The medical department of the University feels it necessary to its existence that it make money. It is not a popular department of the University with the Legislature, the causes of its unpopularity being more or less apparent, and should it become a burden to the people it would be in serious danger of being lopped off. Were the people ardent in sympathy with it, such appropriations could be secured as would make it independent of the patronage of students of the ignorant class. It could then boldly advance towards its ideal.

The colleges of this city, like the great majority of colleges in this country, are private corporations and are dependent for their existence and perpetuation on students' fees. Having no endowment, the means necessary to utilize in accordance with the requirements of the higher medical education, the unsurpassed facilities which the city affords come principally or solely from this source. While competition is the life of trade, it is necessary that the competing firms be so "fixed" financially as to take advantage of every opportunity which presents. In this respect medical colleges are like business firms. The small dealer with barely enough capital to keep him afloat can at most, in spite of all his energy and enterprise, hope for a precarious existence. Two or more such dealers living in a field which is rich and full of promise, will, if they are shrewd and not repelled by mutual hate and jealousy, form a joint-stock corporation, and create stock and sell it for capital which would enable them to take advantage of the opportunities which exist of making themselves rich. The energy which they were forced to expend in the bare struggle for existence could now be directed in a more profitable channel, and the cutting in prices which was necessary to attract trade would no longer be necessary. But the great difficulty as far as the application of this method to medical colleges is concerned, lies in the notorious fact that doctors are poor business men, and to a greater degree than the members of any other calling are influenced in their dealings one with another by other than purely business principles. Had they the wisdom of the world, combinations such as we have suggested would be made throughout the whole land with the result, while diminishing the number of medical colleges, of adding immensely to their quality.

Women and Maternity.—The American Observer quotes from and comments on an article from the Hahnemannian Monthly discussing the criticisms of the Commercial Gazette, of Cincinnati, on a sermon by Dr. Morgan Dix, in which he inveighed against the common practice among married women of preventing conception:

"'To come down to the marrow-bones of the matter,' writes the Gazette, 'is childbearing a duty? In this Dr. Dix seems to be like those told of in Scripture, who lay on others burdens grievous to be borne, while they themselves will not touch them even with their little fingers.' [Isn't it Shakespeare who says that even the devil can quote Scripture for his purpose?] 'People are too many. Reckless propagation is the obstacle to all the plans of humane philosophers for improving the condition of mankind. What can be so immoral and so lacking in conscience as to fetch (?) children into these tremendous liabilities for a momentary gratification? Numbers are of no account in mankind. It is elevation that counts. She who resigns herself to the function of maternity, during all the natural period, cannot have that mental exercise which is necessary to keep up with the minds of her grown-up children. Besides, the mother, at each birth, becomes herself like a child, and her speech and mind come down to the germs and slow development of the infant understanding. This repeated going back to the beginning of mind and speech keeps her from intellectual development.'

Is it possible to conceive of more lamentable ignorance of womankind, or to proffer more damnable advice, than is contained in these sinister lines? They outrage marriage, they foster murder, and they teem with blasphemy against God.

But the Gazette is well answered by one of the women whom it so degrades. In the Sunday Morning News, of Cincinnati, appears a letter, from which we cull the following: 'I do not hesitate to declare that, with the notable exception of Jewish and Catholic women, fully one-half of my American sisters resort to mechanical and medicinal agents to prevent conception. In five minutes I have counted fifteen in my immediate neighborhood who make no secret of these monstrous practices.' That this lady is not one of the infamous fifteen is proved by her closing words: 'I am blessed with health, moderate fortune, children who have never suffered illness or accident, a husband who is devotion itself, and continent to a degree almost incredible; and yet, counting downward from the nine-year-old boy to the tiny little fellow of three months, I find myself the mother of seven.'

All this would be out of place here were it mere newspaper talk; but every physician knows that the desecration of marital duties is so widespread that marriage is fast degenerating into legalized concubinage. Women are becoming, in consequence, more and more diseased, and society is suffering numerically, morally and spiritually. Even at physicians' meetings have we heard woman defended

in her child-murder by doctors, whose only excuse is that wives should have *some* protection against the selfish demands of their husbands."

Were the pulpit more active and efficient in teaching men self-restraint and continence, their instincts might be gratified without driving women to the revolting practices to which they are wont to resort.

Obstetric Aphorisms.—The following aphorisms have been revived from Dr. Blundell's lectures on midwifery. The quaintness of the language may interest as much as the directions may instruct:

"Aph. 1.—*That Rude Midwifery is a Bloody Idol.*—Floodings, tremendous lacerations, inversions of the uterus, like those which now stand on the table before you. Such are the effects of obstetric violence, that unsatiate and gory Moloch, before whose bloody shrine so many thousands have been sacrificed, to be succeeded, in future years, by still more numerous victims.

"Aph. 2.—*That the Placenta is to be Seduced.*—Do not haul out the placenta; do not jerk out the placenta; do not tear out the placenta, leaving unobserved one-half of it in the cavity of the uterus. Do not lacerate and leave the membranes to form afterwards a receptacle for clots, or to alarm the patient by their unexpected appearance. *Arte non vi* must as usual be your device: lead, coax, seduce.

"Aph. 3.—*Do not go Away and Leave a Second Child Behind.*—I am afraid that some one here present, notwithstanding the cautions of the morning, will hereafter remove the placenta when there is another fœtus in the uterus. He smiles, he bows, he retires; another child is born. Which of you all means to signalize himself by this dangerous folly?

"Aph. 4.—*That by Removing the Placenta Asleep You may Invert the Uterus.*—Practitioners have sometimes unconsciously inverted the uterus, leaving it in that condition, an accident which can never happen to you, provided you forbear to remove the placenta till the womb be contracted. You may, however, drowse sometimes on the bedside as on these benches, and in these torpid and forgetful moments carelessly abstracting the placenta, inversions may occur.

"Aph. 5.—*An Accoucheur's Atrocious Member.*—Depend upon it if you do carry your hand into the uterus, on every occasion, to get away the placenta, some woman will die at last, and die the victim of your mismanagement. At this moment, perhaps, some amiable but ill-fated creature blooms the life and light of her admiring circle, who must hereafter fall an untimely sacrifice to some cruel and ruthless arm now drowsily crossed in this theatre. Which of you is the owner of this atrocious member?

"Aph. 6.—*Three Places where the Atrocious Member must not be Put.*—(Dr. Blundell shows preparation.)—Do not needlessly thrust the hand into the uterus; that is the voice that issues from this preparation. He that hath ears to hear let him hear it!

"Do not needlessly thrust the hands into the vagina; that is the voice that issues from this preparation. He that hath ears to hear let him hear it!

"Do not needlessly pass the hand into the genital fissure; that is the voice that issues from this preparation. He that hath ears to hear let him hear it!

"Ah! the violence of an ignorant and savage hand.

"After examining these preparations, tell me is it too much to assert that in obstetrics a thrust of the hand is more dreadful than a thrust of the bayonet? Could the field of Waterloo exhibit injuries more dreadful than these?"

Readers of Swain's "aphorisms" can compare and note the difference of style. Dr. Blundell's pupils must have been somewhat different from the young gentlemen of the present day.

Ethics.—Dr. William Fahy, of Canton, Mississippi, thus unbosoms himself on a very vital subject: I am perplexed to know what relation this word bears to the profession at the present day. I look back as to a misty dream, and I see therein two words that were as dear to the physicians of the days of yore as the ark of the covenant was to the Israelites in the deserts of Sinai. These words were "Hippocratic Oath." How many are there now that regard it? In our old alma mater, it was impressed on the mind of the graduate above all things, and woe to the physician who disregarded it! Among his more honorable brethren he was regarded as a pariah, and socially and professionally ostracised.

Is it not disgraceful and degrading, the abominable jealousy that exists among many of the profession of the present day? How stinging it is to that physician who, through misfortune, has fallen upon hard times and has to seek pastures new, to be set upon and hounded to the death by some envious rival who, probably, has not a tithe of his medical skill. Let us take a case in point. A. is a reputable physician, duly qualified by his alma mater and the law of the land to practise medicine where he listeth. He settles in a town that suits his fancy. Podilarius Peltatum is a pompous, egotistical, envious physician, whose family and political influence are the grand *sine qua non* on which he solely relies, for the public at large have but little faith either in his skill or attainments, and who, were it not for the above-stated backing, would soon be relegated back to the sphere nature designed him for—the ox-whip and the plow handles. Now Poddy thinks, by right of priority and family connections, he has the pre-eminence over every other physician in the town, and he absolutely foams with rage when the "new doctor" gets a patient. Then his batteries are brought to bear against "the audacious interloper," and every little miserable scheme and paltry device is brought to bear and fired upon the devoted head of the unfortunate new-comer. Poddy's sisters and his cousins and his aunts are drilled in their respective parts to crush the new arrival out. "He drinks!" "he eats opium!" "he's an impostor!" "he's a murderous quack!" Such are only a

few of the epithets flung at his wretched head, and if he is not a man of strong moral force and will power he will be probably driven away to be subjected to the same inhuman and unprofessional treatment in some other town and probably overcome and disheartened he sinks to the grave leaving behind him a large family to the mercies of a cold and uncharitable world. Do I exaggerate? Not in the least. This unworthy method of "crushing out" a brother physician that the "crusher" may prosper thereby, is happening to-day in every city and town in the United States, and this is why I head this article "Ethics" and wonder while I write if the word in its full sense and meaning, as applicable to the medical profession, is not an empty sound. Stop this brethren and instead of crushing a brother in the profession to the earth, help him to help himself and his children, as your Hippocratic oath ordains.

Thank heaven, fellows of the Podilarius stripe are comparatively few, but it is to endeavor to cry them down, and stop their increase that I write. Podilarius is not to be found to such a great extent in the large cities. There the "medical associations" tend to keep the blood cool and compel physicians to act the rôle of gentlemen even in cases in which innate low breeding is opposed to the requirement. It is in minor towns that Podilarius is in his element. There he bulldozes the gentlemanly physicians, lies on the "new doctor," puffs and boasts of his wonderful achievements in public and uses every device of which his shallow brain is capable to show his fellow townsmen his wonderful gifts. I have no fear of hurting Poddy's sensitive feelings for he has none; his hide is as impenetrable to rebuke and sarcasm as that of the rhinoceros is to the puny dart of the savage. Neither do I much dread his ever seeing this article, for Poddy never reads—he knows too much and thinks he can learn nothing from the MEDICAL AGE, or any other journal in fact. His little head is so full of knowledge that it would be a waste of time to attempt to put in more.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND ITS ADVERTISERS.—One of the planks in the platform of the new Journal of the American Medical Association excludes from the advertising department of the Journal all advertisements of proprietary, trade-mark or patent medicines. In adopting this plank the trustees were but consistent and emphasized the declaration of the Code of Ethics against medicinal preparations, the manufacture of which becomes a monopoly through such protection. It was, doubtless, thought that this restriction of its privileges to the very few firms of manufacturing pharmacists of this country who walk with the fear of these provisions of the Code before their eyes, by this official and representative journal of the American profession, would exclude from its pages all objectionable matter. It seems, however, that one of the journal proprietors, one Dr. G. R. Henry, of Burlington, Iowa, (each member of the Association has a proprietary interest), is not satisfied with the line thus drawn but would have it exclude all advertisements except those of simples. He selects Messrs. Parke, Davis & Co., of this city, as manufacturers of compounds ("ready-made prescriptions" he calls them) and in the coarse language of the illnatured hoor, arraigns the firm for offering them to the profession and the Journal for admitting their advertisement to its columns. The Journal devotes an editorial to the defense of this enterprising firm but this, in our opinion, is poor amends for permitting itself to be made the channel of a vulgar attack on patrons who, on its own decision, are sufficiently ethical and reputable as to their methods, to gain admission to its pages. It would, it seems to us, have been much more proper in a journal which aims to represent the American profession, to have referred to the communication of its spleeny correspondent without, by admitting it to its pages, allowing itself to be made the medium of coarse personalities.

As to the merits of the objections raised to Messrs. Parke, Davis & Co., it is only necessary to say that the application of the rule which the Journal's correspondent would establish, would exclude the advertisement of a large proportion of the officinal preparations of the U. S. P. and other pharmacopœias. For what are the compounds mentioned in these (*e. g.* compound cathartic pills, paregoric, compound tincture of cinchona, simple elixir, syrup of the lacto-phosphate of calcium, compound iron mixture, Basham's mixture, etc., etc.) but "ready-made prescriptions?"

Dr. Henry's attack is of such a hoorish, shallow and nonsensical nature as would have merited for it only silent contempt had it not appeared in the columns of the Journal of the American Medical Association. When, moreover, the relation is known which this self-constituted censor bears to Price & Henry's drug store, over the counter of which is dispensed to the public patent and proprietary medicines, and the usual variety of nostrums and quack preparations, his right to sit in judgment on and to denounce reputable pharmacists will be seriously questioned. It might be well for this stickler for the code to attend to the beam in his own eye before searching for the mote in others.

COLLEGE ANNOUNCEMENTS FOR 1883–4.—The season is again upon us and it brings with it neither abatement in the annual shower of college announcements nor toning down of their language. We should be pleased to do the great educational institutions which have favored us with copies of their announcements, the courtesy of calling the attention of our readers to them, but we have an impression (which may be erroneous, however), that there is much other material to which the said readers would rather have us devote the space which would be

necessary. We are constrained to say, with a contemporary, that the only space which we have to spare for the great majority of these colleges is in the obituary department, and the hope that they may soon tax the capacity of this space, which we will gladly enlarge to its utmost dimensions, buoys us up under the infliction of their annual announcements.

College announcements, by the way, embody many unique features, and not the least of these is the facility which they afford honorable men to prevaricate without being held responsible for it. In business advertisements, even of the most legitimate character, a certain amount of exaggeration is permissible, but there is a limit at which the law steps in and interposes a liability to prosecution for "false pretences." The fear of such liability has no terror for the architect of the college announcement. College announcements have, indeed, come to be so generally regarded as legitimate prevarications that the college which should issue one containing "the truth, the whole truth, and nothing but the truth," stating its attractions plainly as they exist, and without shading or artistic touches, would be a *rara avis* which would divide the honors with the sable swan.

A careful perusal of the announcement of the Podunk College of Physicians and Surgeons, and its comparison with the advantages which the Johns Hopkins University contemplates affording the student in the near future, must convince any one that the munificence which has made the name of the deceased millionaire famous was entirely uncalled for, as far as the requirements of medical education in this country are concerned There are scores of medical colleges in America to-day just as good (in their announcements) as the medical department of the Johns Hopkins University can ever hope to be, and it is an open secret that notwithstanding their grim-visaged matriculation requirements, the young men (who have taken Iago's advice, and put money in their purse), who have been denied their advantages because of defects in their early education, are too scarce to make it profitable to search for them.

The advantages which are scattered broadcast throughout the land for making first-class physicians out of the rawest kind of material, are, moreover, gradually reducing the length of time necessary for the process, and the time cannot be far distant when the belief that money cannot buy knowledge will be put away on the shelf with other antiquated lumber. The reader of the college announcements for 1883–4 cannot but be convinced of the senselessness of this cry for higher medical education and for better facilities for imparting it.

A New Dodge in Ethics.—At a recent meeting of the Onondago, N. Y. Medical Society, reported in the N. Y. Medical Journal, Prof. Alfred Mercer, M. D., of the Medical Department of Syracuse University, read a paper in which he advocated the abolition of all code of ethics for the medical profession. He argued that while the principles on which the Code of the American Medical Association is based are undying, the circumstances, which gave them the application which divided the practitioners of medicine into hostile camps, no longer exist. Although quackery still exists it is confined to none of the arbitrary divisions of medical practitioners which formerly obtained, and although dogmas still live they no longer dominate. The leaven of education has so permeated all sorts and conditions of medical men as to have brought the representatives of the various classes into very close relationship. These facts formed the basis of his argument which was very logically worked out.

At the close of Dr. Mercer's paper Dr. Didama, of Syracuse, a codist of the codists, was promptly on his feet with a long argument in favor of the old Code and a denunciation of the paper. After he had got through Dr. Goff, of Casnovia, marvelled at the inconsistency of such remarks coming from a man who had come to his town and consulted with Dr. Bass, a homœopath, the attending physician in the case of Mr. E. S. Cord's child, on Lincoln Street. Dr. Didama had also met Dr. Bass at Mrs. Mitchell's three or more times. Dr. Goff would be much pleased to have Dr. Didama reconcile these consultations with his boasted fidelity to the Code. These direct charges and specifications had the effect of forcing Dr. Didama into a corner from which it seemed, for the instant, there was no escape. But the champion of the Code was equal to the occasion He acknowledged that he had "met Dr. Bass at the bedside a number of times, but he treated him simply as a nurse. He went to make a diagnosis. He did not consider it a consultation where he went to see a case for diagnosis, gave prescription and had the homœopath carry out the directions."

The ingenuity of Dr. Didama is much more admirable than his consistency. His manner of extricating himself, although it was an exceedingly close shave, shows him to be a man of great resource. His masterly piece of generalship has, however, cut the Gordian knot. We may all meet homœopaths now, and there is not an "irregular" of any description nor even a quack whom it is forbidden us to meet. Of course we must not consult with them. They continue in charge of the case "only as nurses to carry out the treatment!" As an instance of whipping the devil around the stump, this achievement of Dr. Didama will stand unique.

Therapeutic Agents for the Promotion of Osseous Development.—Before the Odontological Society of Great Britain (Med. Times and Gazette) Dr. J. C. Thorowgood read a paper on this subject. He pointed out that the composition of the bones and the teeth was practically identical, the latter having only a larger proportion of inorganic matter. The analysis showed that a considerable quantity of mineral food was required for the nutrition of these

tissues. The mere administration of the necessary lime-salts was, however, by no means the only thing to be considered in striving to improve osseous development; thus, in rickets, with an evident deficiency of lime in the bones, there was an elimination of from four to six times the normal amount of lime-salts in the urine, showing that the fault was in the process of assimilation. For the dentist, the most serious condition in children was one of acid dyspepsia; the child's breath had a sour smell; tongue furred, with red papillæ showing through; appetite often voracious, and bowels confined or irregular. To give a big-bellied, pale-faced child in this condition phosphate of lime and iron would only make him more uncomfortable; but give him alkaline aperients, regulate his diet, cutting off excess of starch and sugar—order exercise, salt-water baths, etc., and then administer the specific remedies indicated. Of these the most useful were the soluble hypophosphite of lime and the chloride of calcium; either of these might be given in doses of two or three grains in glycerine and water. The lacto-phosphate of lime was also a valuable remedy. Diet was most important. The child must be taught to eat slowly; brown bread and Scotch oatmeal would suit some children, and "seconds" flour was preferable to the "best white." By this line of treatment the child would be brought into a condition in which the dental surgeon could work on the decayed molars with some prospect of his work remaining a lasting proof of his skill. In conclusion, Dr. Thorowgood made some remarks on the subject of infant feeding.

An interesting discussion followed, during which it was pointed out that, owing to the early development of the teeth, and the fact that when once formed they did not alter appreciably, treatment intended to improve their condition could best be effected through the mother, so as to influence the child during the periods of pregnancy and lactation.

Obituary.—James H. Jerome, M. D.—Dr. Jerome died at his residence in Saginaw City, Mich., on the 8th inst., after an illness (inflammation of the liver) of three months.

Dr. Jerome was born at Cochecton, Pennsylvania, September 28, 1812. He was educated at a district school and at the Ovid (N. Y.) Academy. He afterwards learned the trade of hat-making, which he followed in various parts of the country until he was persuaded to enter upon the study of medicine. He entered Geneva Medical College in 1835, when Dr. Willard Parker was professor of anatomy and physiology there, and became his pro-sector. Before graduating he came to Michigan and took a clerkship in the land office at Detroit. He soon returned to Geneva, however, and on receiving his diploma, in 1837, commenced to practice in Trumansburgh, N. Y. In 1855 he was elected professor of anatomy and physiology in Geneva Medical College. In 1859 he was appointed physician-in-chief of the Marine Hospital of the Port of New York. He removed to Michigan in 1865, settling in Saginaw City, the place of his death. Although principally occupied during his residence in Michigan in agricultural and lumbering interests, from which he became quite wealthy, he kept close his connection with the profession. He helped to organize the present Michigan State Medical Society, to the presidency of which he was twice elected. He was at the time of his death president of the Board of Counselors of the Detroit Medical College, and some years ago received the only honorary degree ever conferred by that institution.

Dr. Jerome was a vigorous debater, and though persistent even to the borders of relentlessness in the accomplishment of his purpose, he was personally of a genial nature and given to generous hospitality. He was a man of marked individuality, possessing a vigorous intellect, a retentive memory, quick perception and the quality of unswerving devotion to what he held to be right.

The funeral was attended by about twenty-five physicians from different parts of the state, who, with the local profession, met after the services and adopted suitable resolutions of respect to his memory and condolence with his family. The remains were taken for interment to Trumansburg, N. Y.

Crying of the Fœtus in Utero.—Dr. Thos. B. Nichols, of Plattsburgh, N. Y., has the following on the remarkable case reported by Dr. Harlow of this city:

A doubting Thomas has been reading the Michigan Medical News and its successor the Medical Age regularly, as the successive numbers came to hand, during the entire year from August 10th, 1882, hoping that in some one of those numbers "A. Harlow, M. D., Detroit, Mich.," would tell him still farther of that wonderfully precocious child that "first commenced crying four weeks before it was born, and kept it up at intervals till its birth," not doubting in the least but that the little fellow must be grown to manhood ere this, and be about ready to stump his district as a candidate for Congress, since "with God there is nothing impossible."

That Dr. Harlow intended to be truthful and honest in reporting this "obstetrical phenomenon" no one can have any doubts, for surely he must have thought he had the facts and circumstances all down fine, or of them he never could have said "from personal knowledge I know them to be true in every particular." But that Dr. Harlow should have been deceived in this matter is not at all surprising, since many a one, perhaps, as intelligent as himself, having an imaginative ear, has been inclined to believe the same thing. To such an one, the sound of wind in the bowels, under certain circumstances, might be easily mistaken for the crying of a child, and many an old woman, having heard this same, has been ready to affirm as strongly as does Dr. Harlow that she did actually hear the unborn child cry.

But when one understands the philosophy of

sound and the formation of voice he gives no credence to such "old wives' fables," or even takes a second thought concerning them. Dr. Harlow, however, may be so sure that he is right in regard to the facts in this case as to be willing to demonstrate a little for the benefit of the doubting Thomases, and this is how he can do it: Jump right into the river or into any other body of water that is still and deep enough to cover him, and then, with his head well under water, call out to his friends who should be near: "I've done it! I've done it! It's all right and I told you so!" When he has done this the Thomases will doubt no longer; at least so says one of them.

BELLEVUE AND REFORM.—The Louisville Medical News, in referring to our recent strictures on Bellevue Hospital Medical College, makes the following apology for that institution. The apology is a sad commentary on the motives which are liable to lie at the root of the most meritorious acts, as well as on the integrity of enthusiastic reformers. We are sorry, moreover, to find our esteemed contemporary condoning the utilitarianism of Bellevue. The doctrine that utility is the sole standard of morality is becoming obsolete with an advancing civilization.

"A word for Bellevue. It is not kind to say that Bellevue stabbed the cause of reform; she simply deserted it, and the majority of the Eastern colleges were prompt to follow, thus turning the desertion into a successful and respectable retreat. We do not blame Bellevue, she had her living to make, and the new movement cost her nearly half her income. The real enemy of reform, and the one who gave the sorry stab, was the sly old University of New York, just across the way from Bellevue, who, when she saw her neighbor enter on the reform ticket, laughed in her sleeve, lay low, said nothing, kept her fees down, winked at the boys, and took them in. The result was that, before the close of the following session, the University could show a matriculation list of seven hundred and fifty students, while poor Bellevue had only three hundred and fifty. The competition was more than she could stand; she dropped her colors, and went back to play her own neighbor at her own game. Is there any school in the land which, under the same circumstances, would not have done as Bellevue did? We make grave question of it."

HUMAN PARASITES.—Dr. George Sutton gives, through the Cincinnati Lancet and Clinic, the following interesting list, showing the principal parasites which infect the human system:

Microzymes.—Micrococci: Propably of small-pox, cow-pox, measles, scarlatina, varicella, erysipelas, syphilis, gonorrhœa. Bacilli: Probably of typhus fever, typhoid fever, tuberculosis, anthrax, leprosy. Vibriones. Filaria: Probably of elephantiasis. Spirillium: Probably of relapsing fever. Bacteria: Probably of septicemia.

Entozoa.—Vermes—Cestoda: Probably of tenia elliptica, tenia flavo punctato, tenia mediacanellata, tenia latus, tenia solium, tenia bothriocephalus caudatus, tenia bothriocephalus latus. Nematoda: Probably of ascaris lumbricoides, ascaris mystax, oxyuris vermicularis, filaria medinensis, dochmius duodenalis, trichocephalus dispar, trichina spiralis. Trematoda: Probably of monistoma, distoma.

Epizoa. — Insects — Acarus scabei. — Pediculida: Probably of pediculus capitis, pediculus vestimenti, pediculus tabescentium, pediculus pubis originalis. Pulex: Probably of pulex irritans, pulex penetrans. Ixodia: Probably of ixodes Americanæ, ixodes numarias, ixodes crenatus.

Undoubted Vegetable Parasites and their Diseases.—Microphites—Achorion schönleinii: Probably of favus. Trichophyton tonsurans: Probably of porrigo scutulata. Microsporon audouini: Probably of porrigo decalvans. Microsporon mentagrophytes: Probably of mentagra. Microsporon furfur: Probably of tinea chloasma.

THE ABORTING OF TYPHOID FEVER.—Dr. Thos. H. Carroll, of Bozeman, Mont., writes as follows: In your issue of the 10th inst. I noticed a remarkable letter from the pen of Dr. J. O. Davy, of Springfield, Ohio, in which the writer claims to have discovered a specific for the cure of typhoid fever. Allow me to criticize a few startling positions in the mode of treatment. First: Does Dr. Davy presume to prove that he has treated 100 successive cases of typhoid, and not lost a single case? Second: How many cases of typhoid fever have convalesced under the treatment mentioned? Third: Is it in accordance with the best therapeutic teachings, or experience of illustrious physicians, to awaken a patient (from natural sleep) to administer "cohothedræ" or any like nostrum? An answer to these simple questions will greatly oblige.

Now for the other side. First: The temperature of room (60° F.) is right. Second: Quietude is necessary. Third: The diet is properly indicated. Good. One more reflection: In a limited experience of several years, during which time I have treated a great number of cases of typhoid, I have found stimulants contraindicated during the febrilc stage, but very useful when temperature has declined. The idea of supposing (considering the intestinal lesions occurring, and constituting—as they do—the most formidable complications of the disease) that "cohothedræ" is a specific for the disease in question, is so silly that none but a fanatic would ever dream of believing it. Typhoid fever is not a new "and unheard-of disease," and no stereotyped plan of treatment will ever meet the exigencies of each and every case. Treatment must be rational and adapted to the needs of the individual case.

OINTMENTS: THEIR PREPARATION.—J. A. Wessinger, M. D., Parshallville, Mich., contributes the following on this subject: In the preparation of an ointment it is desirable always that the ingredients

used be thoroughly and uniformly incorporated, and that the preparation be neat and pleasant in appearance. These qualities in a preparation will shape the mind of many patients in regard to the tact and ability of the physician whom they are consulting. As nearly all country practitioners are required to dispense their own medicines, it follows that the best methods of so doing necessarily becomes a subject of careful study. I desire to say that the best method of preparing an ointment which I have thus far employed, and which is not mentioned in the text-books on the subject, is as follows: Place the desired quantity of the base of the preparation, (lard, spermaceti, or wax,) in a tin box (an ointment should always be dispensed in a tin box), bring it to the melting point over a stove or spirit lamp, holding the box on an ordinary spatula. This done place it in a cool place, at the same time add the other ingredients as the prescription calls for, stir the mixture until it becomes semi-solid. The preparatiou can now be left to itself as the ingredients are held in suspension and at the same time are uniformly distributed throughout. It should be borae in mind that in using spermaceti as the base of an ointment, olive oil should always enter into combination, as spermaceti would otherwise readily return to its natural state of crystallization.

HYDRATED OXIDE OF IRON.—A correspondent complains of some practical difficulties in preparing this antidote to arsenic after the formula by Dr. Squibb, as published in our last issue. He is at a loss to understand what is precisely meant by straining out the alcohol and water, and found after straining the mixture through a good muslin strainer that "there was scarcely anything left upon it." The alcohol referred to is, of course, that contained in the tincture of the chloride of iron, and it is Dr. Squibb's characteristic attention to minutiæ that has bewildered our correspondent. Ninety-nine chemists out of a hundred would simply have said "strain," and the non-technical reader would have done so and would not have been confused by the reference to the minute quantity of alcohol. After a thorough straining of the precipitate a second straining with fresh water would be a sufficient washing, as the amount of chloride of ammonium left after this would scarcely interfere with the antidotal properties of the iron.

The small amount of the oxide saved by our correspondent was, doubtless, due to the coarseness of the texture of his strainer.

AMENITIES OF ANCIENT MEDICAL JOURNALS.—A bibliophile who has been rambling through his older books and journals, has communicated to the Midland Medical Miscellany some remarkable quotations, the tendency of which is to show that the last half century has witnessed quite a change in the form of medical journal amenities. As an illustration witness the following reference by the Lancet (in 1828) to a rival journal: "A friend of ours was sitting lately in Callow & Wilson's reading room, when that facetious Wight, Joe Burns, entered, and took up the first weekly *excrescence* of *McLeod's* YELLOW FUNGUS; he had just raised it to reading distance, when he suddenly removed it from the neighborhood of his olfactory organs with a gesture and expression of face indicating strong disgust. Joe was asked what he had got there. 'A bat's ——' was the short reply, affording an unexpected confirmation of the naturalist's remark on the bat: '*Alvi dejectiones in hoc genere fœtore horribili imbutæ sunt.*'"

In refering to other rivals the same journal, now so eminently proper in its utterances, remarked: "Some despicable imitations of the Lancet have arisen, *stunk*, and become extinguished. One or two are still emitting a like fœtor."

O tempora, O mores! Fortunately other times and other manners have come.

EXPERT TESTIMONY.—The Alienist and Neurologist gives, as among the last words of the late Dr. H. B Wilbur, superintendent of the New York Asylum for Idiots, the following ideal of expert testimony: "Expert testimony should be the colorless light of science, brought to bear upon any case where it is summoned. It should be impartial, unprejudiced. There should be no half truths uttered, and suppression of the whole truth is in the nature of false testimony."

It would be difficult to define more clearly or more comprehensively what is required of the expert witness. A rigid application of this rule would, however, so limit the number of such witnesses as to make it difficult to secure enough to go round. It is, moreover, a direct blow at one of the most highly-prized privileges of the average doctor, viz., the privilege of posing before the public as an expert on the witness stand.

TO CLEAN A CATHETER.—A correspondent of the Lancet gives the following as an excellent means of cleaning a catheter: Take a cork, more conical than those commonly used, and bore in it a hole of proper size longitudinally through the centre. Pass the catheter through this, fix the cork into the tap of an ordinary water pipe (the hot water one being preferable) and turn on the water. The force of the water through the catheter is thus greatly increased; sufficiently so to ensure a thorough cleansing.

The North American Review for September is an admirably constituted number, whether we regard the timeliness and importance of the subjects presented, or the eminent competence of the authors chosen for their discussion. First comes "State Regulation of Corporate Profits," by Chief-Justice T. M. Cooley, of Michigan. John A. Kasson, M. C., writes on "Municipal Reform," and offers suggestions for the abatement of the evils of misgovern-

ment in our great municipalities. Richard Grant White treats of "Class Distinctions in the United States." "Shooting at Sight," is the subject of some pertinent reflections by James Jackson, Chief-Justice of the State of Georgia. In "Facts about the Caucus and the Primary," George Walton Green unveils the tricks practiced by political managers in large cities. The well-known English essayist, W. H. Mallock, contributes "Conversations with a Solitary," in which he sets forth with much ingenuity the arguments adverse to popular government. The Rev. Dr. D. S. Phelan contributes an article sparkling with epigrams, on the "Limitations of Freethinking." Finally, Grant Allen, the most charming of all living writers on natural history, discourses on "An American Wild Flower." Published at 30 Lafayette Place, New York, and for sale by all booksellers generally.

Drs. Alfred Stillé and D. Hayes Agnew, of Philadelphia, have published cards in the Medical News, of that city, in which they refer to Dr. Samuel M. Miller in terms far from complimentary. The ring of their communications is very similar to that of those which we sometime ago published from Dr. J. M. DaCosta, on the same individual. The audacious Miller must, unless he is pachydermatous (which we fear he is), soon begin to realize that crooked paths are hard to travel. Drs. Stillé and Agnew have been granted a preliminary injunction restraining Dr. Miller from the further sale of his book, and the right of lecturers to sole proprietorship in their lectures as delivered before classes will soon be passed upon.

The Polyclinic: Not the first time, by twenty centuries! The following is in the Medical Times and Gazette, of April 7th, 1883, taken from the Lyon Méd.: "The little son of my porter having fallen ill, I inquired about him, and learned that he was being attended by a doctor who lived a long way off, although one resides on the premises. Expressing my surprise, the father said 'well, what is to be done. M—— is, perhaps, a good doctor, but I have no confidence in him.' How so? 'Why, you see,' replied the porter, lowering his voice, 'He gives advice gratis.'"

The following, from the Talmud, is more terse: 'Asya dim'gan bim'gan shaveh,'. which is Arabaic, and being interpreted, meaneth 'The physician who cures for nothing is worth nothing.' Similarly. in 'King Lear' we have:—

"'*Kent.* This is nothing, fool.'

"'*Fool.* Then 'tis like the voice of an unfee'd lawyer.'"

Dr. John H. Rauch, the energetic secretary of the Illinois State Board of Health, not content with overseeing the sanitary condition of, and dealing out confusion to quackery in, his own state, has ventured down South, where he has volunteered information to the sanitary authorities in Louisiana. The latter have not taken it kindly, and have addressed a communication on the subject to the Governor of Louisiana, in which they request that official to request the Governor of Illinois to request Dr. Rauch to stay at home and mind his own business.

Dr. Pollak, whose resolutions asking for a revision of the Code of Ethics threw such consternation into the Cleveland meeting, is out with a reply to the statement of the St. Louis Medical Society that he had no authority from it to introduce such resolutions. The question seems to have resolved itself into one of veracity between Dr. Pollak and the society. The action of the society, we think, gave Dr. Pollak a sufficient warrant for his procedure, but subsequently repenting of this action the society seems now to be crawfishing out of it on technicalities.

The Quinologist, for August, states that a sprightly lady friend who had been scanning Dunglison and studying the metric system, sententiously remarked the other day that "a decagramme of prophylaxis is to be preferred to a hectogramme of therapeusis." We are sorry to say it, but it is our opinion that the Quinologist's sprightly lady friend is a plagiarist. A "s. l. f." of ours made precisely the same observation, and we published it over a year ago. Perhaps, however, it is another case of "unconscious absorption."

The Report of the Eye and Ear Department of St. Mary's Hospital and St. Mary's Free Eye and Ear Infirmary, of Detroit, for the year ending June 1, 1883, has been received. In the absence of the Surgeon, Dr. Eugene Smith, on his European tour, the report has been prepared by Assistant Surgeon Dr. John Chase. It shows a total of 1,616 eye cases treated and 172 major operations. Of diseases of the ear there were 369 cases and 16 operations. This important charity has a strong hold on the public support and professional confidence.

The men midwives in the time of Mauriceau dressed dirtily, wore long and straggling beards, and made themselves as unattractive as possible, to avoid exciting the jealousy of the husbands. His modern descendant is the pink of perfection as regards neatness and dress. Husbands are no longer jealous of him, as vaginal examinations are quite in the order of the day. The vagina has, in fact, come to be a kind of toy-shop for all sorts of extraordinary instruments.

The newspapers contain a report of the death of Dr. Rea, a young Chicago physician, of "facial carbuncle." Before any disease further than a slight pimple was noticeable, he is said to have pulled a hair from his moustache, and on inspection of its root, he diagnosed his case and predicted that his death would occur within the time at which it actually took place. No report of the interesting case has as yet appeared in the medical journals.

M. Diday gives in Lyon Medicale what he regards as an infallible method in determining the diagnosis between true stricture and spasm of the urethra. When the end of the sound is in contact with the

constricted portion he suddenly asks the patient, "how long is it since you have been with a woman?" If it is a simple spasm the sound immediately enters. The rationale of this procedure is not discussed and must be left for conjecture.

"Doctor," said the suave traveling representative of a wholesale drug house, "I would ask your attention to our preparation of burdock seed. Have you had any experience in the use of this drug?" "Experience in the use of the docks? Well, I should say I had You can't teach me anything about docks; I know all about 'em—burdock, yellow dock, and—and—opodeldoc, and all the rest of 'em."

The English physicians on duty in Alexandria, and who have had experience in Asia, as well as the Indian doctors who have seen cases in the present Egyptian epidemic, are reported as saying that the disease is not Asiatic cholera. Although it is equally fatal where it prevails, it is thought that the danger of its spread to the west is not so great as if the disease were of the true Asiatic type.

Dr. J. S. Billings, U. S. A., has declined the appointment to the chair of hygiene tendered him by the authorities of the Johns Hopkins University. He prefers to maintain his army connection which affords him the opportunity of gratifying his taste for books in the library at Washington. The profession are to be congratulated on his decision. It would be no easy matter to supply Dr. Billings' present place.

A woman went to an honest doctor "out west" for something for her husband's rheumatism. The doctor wrote her a prescription saying: "Get that prepared at the drug store and rub it well into your husband's back. If it does him any good come and tell me. I've got a touch of rheumatism myself."

The Cincinnati Board of Health consists of one doctor, of questionable standing among his brethren, and five saloon keepers. The health officer's previous business caused him to look after the souls rather than the bodies of men. This motley group may do well enough for Porkopolis, but it would hardly be such a board of health as an educated, refined or intelligent community would elect.

Dr. D. S. Clark, of Rockford, Ill., writes to the Medical Record that he carries his clinical thermometer in his pantaloons pocket, and usually makes the left-hand pocket the receptacle. The selection of the pocket doubtless depends upon circumstances which he does not think it necessary to mention. He, however, vouches for the fact that the thermometer is least liable to breakage when in a pantaloons pocket.

A number of young men in Cincinnati have organized a society which they have called the "Drake Medical Society," in honor, doubtless, of some distinguished doctor of that name. The Medical and Surgical Reporter, however, cannot resist the temptation to say that this is an evidence of more *quackery* in the profession.

The value of the horses of this country is estimated at $800,000,000, and the annual loss arising from lack of sound advice and treatment is placed at $15,000,000. The figures are a strong argument for young men to devote themselves to veterinary surgery. All things considered this is a more promising financial field than the medication of the human animal.

A correspondent who is doing a good country practice in Ohio desires to negotiate with some responsible man with a view to securing a successor. His terms would be very easy to the right kind of a man. Letters addressed to "Medicus" in care of the MEDICAL AGE will be forwarded to him.

The Australasian Medical Gazette, in an article on British and American diplomas, says "the highest qualification attainable there (America) is that of the Bellevue Medical College, of New York." This is but another illustration of the fact that it is necessary to go away from home to learn the news.

Dr. Eugene Smith, Professor of Ophthalmology and Otology in the Detroit Medical College, has returned from his tour of the British and European centres. He is in fine condition physically, having fully recovered from the effects of the overwork from which he suffered before his vacation.

The profession of Winnipeg have been trying to convince themselves that a medical college is a long-felt want in that city. Probably the recent bursting of the speculation bubble up there may have the effect of ridding their minds of this insane notion.

Lake Moosehicmaguntic jocknahmakantajus, in Maine, wants to become a summer resort. The brakeman will begin to announce the name on leaving the preceding station. Do tell all the gynecologists.

Dr. L. S. McMurtry has retired from the editorship of the Louisville Medical News. His place has been taken by Dr. H. A. Cottell, who formerly served in the same capacity.

Dr. Oliver Wendell Holmes declares that the great secret of success in every form of quackery is hope kept alive in the patient; while the too fatal gift of science is a prognosis of despair.

"Filter and boil" is recommended as a housewife's maxim, during the prevalence of an epidemic in communities drawing their water supply from wells.

J. B. Lippincott & Co. announce that the third volume of Agnew's Surgery, which brings this great work to a close, will be ready on September 1st.

A TREATISE ON DISEASES OF THE EYE. By J. Soelberg Wells, F. R. C. S., Doctor of Medicine of the University of Edinburgh; Professor of Ophthalmology of King's College, London; Ophthalmic Surgeon to King's College Hospital; and Surgeon to the Royal London Ophthalmic Hospital, Moorfields. Fourth American from the third English edition, with copious additions by Charles Stedman Bull, A.

M., M. D., Lecturer on Ophthalmology in the Bellevue Hospital Medical College; Surgeon to the New York Eye and Ear Infirmary; Ophthalmic Surgeon to the Nursery and Child's Hospital, and to St. Mary's Free Hospital for Children.

Illustrated with two hundred and fifty-seven engravings on wood and six colored plates. Together with selections from the Test Types of Prof. A. E. Jaeger and Prof. H. Snellen. Octavo, pp. 846. Price $6.50.

Philadelphia: Henry C. Lea's Son & Co.

Detroit: John Willyoung.

The present edition of this classic work follows the previous edition with a space of less than three years intervening. The advances in ophthalmology which have been made in this time have been added, these additions rather than any changes in the text constituting the difference between this and the previous edition. The use of a new and condensed type, which is very clear and grateful to the eye, has permitted the additions without an increase of size. The only addition to the knowledge touching diseases of the eye, and which does not appear in the present edition, is that which pertains to the treatment of trachoma with the jequirity bean. The observations on this subject were made after the MS. of the work had been placed in type. Attention is called to this omission in the preface.

Any critical review of this work is quite uncalled for. It has been too long before the profession, and is by common consent *par excellence* the treatise on ophthalmology. It is, moreover, such a work as the general practitioner, as well as the specialist, finds readable. The American editor has by no means been only a proof reader. His additions are valuable and especially adapt the work to the wants of the American profession.

The volume before us is in the half-Russia, library binding which the publishers have within the past few years introduced. The mechanical execution of the work is simply perfect, according to the accepted standard of perfection in these matters.

THE COLLECTIVE INVESTIGATION OF DIPHTHERIA, As Conducted by the Therapeutic Gazette, Detroit, Michigan. With Editorial Summary, by J. J. Mulheron, M. D.

Pages 120. Price in paper 75 cents; in flexible cloth $1; in boards $1.25. George S. Davis, Medical Publisher, Detroit, Michigan.

The above embodies the first attempt at the collective investigation of disease in this country. It consists of the replies of one hundred and eight leading practitioners, representing twenty-four states of the Union, and the Dominion of Canada, to the following eight practical questions touching diphtheria :

1. What is your opinion in regard to the local or constitutional treatment of diphtheria?

2. On what clinical facts, observed by you, do you base your opinion?

3. What is your opinion as to the contagiousness of diphtheria?

4. What facts in your experience bearing upon this question?

5. What microscopical examination, if any, have you made of the diphthcritic membrane?

6. What measures, if any, have you adopted by way of prophylaxis, and what success has attended those efforts?

7. What local treatment have you found most efficacious?

8. What general treatment has been most successful in your hands?

As might naturally be expected from the moot nature of some of these questions, the answers evince a diversity of opinion on some points. The editor in summarizing the replies endeavors to introduce under each head a harmonizing element. The judgment passed on his attempt will necessarily be influenced by the prior convictions of the one passing it. He, however, suggests thoughts which may be considered with profit.

The characteristic of the work is its very practical nature, and no one will be able to read the replies to these practical questions from practical men without great benefit, nor without being impressed with the great good which is possible under this system of investigation. We think it safe to affirm that a more valuable contribution to the literature of diphtheria than is embodied in these replies, has not appeared for a very long time.

Hospital Notes—Harper Hospital, Detroit, Mich.

SERVICE OF H. O. WALKER, M. D.*

Rapid Lithotrity.—This patient aged 33, farmer by occupation, first came under my observation day before yesterday (April 24, 1883), through the kindness of Dr. Beardsley, of Armada, Mich., giving the following history: Six years ago he had a sudden attack of pain in the region of the left kidney extending down to the left groin and testicle, which lasted for several hours.

Attacks of this character followed at intervals of every few months until two years ago when he observed the passage of a small calculus, this being the only time that he had noticed anything like the passage of gravel. Usually during these attacks there would be more or less hæmaturia. The bladder symptoms did not show up until about a year ago, since which time they have steadily increased, being principally pain following urination (which has been quite frequent of late) and oftentimes a sudden stoppage of the stream. A sudden step, or riding in a wagon would cause pain.

With this train of symptoms, it was quite reasonable to suspect a foreign body in the bladder, which I readily detected with the searcher.

Since coming to the hospital he has been subjected to preparatory treatment, in the way of diluent drinks, alkalies, and quinine. This morning he received a thorough catharsis with sulph. magnesia, followed by a copious warm water enema.

While the patient is being put under ether, you will readily notice the audible click of the searcher

*Professor of Orthopedic Surgery, Diseases of the Genito-urinary System and Clinical Surgery in the Detroit Medical College.

in contact with the stone, the only positive diagnosis of stone in the bladder. Following directions, the patient has not passed his urine for two hours, leaving a sufficient quantity in the bladder for manipulation of our lithotrite. The seizure of the stone, you observe, is quite easy, indicating its diameter to be about three-quarters of an inch. After opening and shutting the jaws of the instrument a half a dozen times, the calculus is sufficiently pulverized to admit of the use of the evacuator, using a No. 26 F. curved evacuating tube and readily removing the fragments.

[The stone, of the phosphatic variety, weighed 55 grains. Time of operation, 35 minutes. The patient left the hospital on the fourth day following the operation, with entire relief of previous symptoms, the temperature only rising on the second day to 99 .]

Chronic Disease of the Knee-Joint—Amputation, Recovery.—Harry H., aged 24, printer, on a morning paper, has suffered for a number of years with trouble of the left knee-joint, following his occupation until a short time previous to his admission to the hospital, May 1. Father died of consumption, mother of fibroid tumor of the uterus. Can give no cause for trouble in the joint. Has been treated by the application of a plaster cast to the leg and wearing an elevated shoe on the well foot, using at the same time crutches. There was at one time a reasonable prospect of recovery, but the necessity of following his avocation, together with irregular habits, undoubtedly militated much against it.

His admission to the hospital was for the purpose of the relief of a large abscess extending up the thigh. The abscess was opened antiseptically and a large-sized drainage tube introduced; an attempt had, however, been previously made to remove the fluid by the aspirator, using the largest size needle. This failed in consequence of its thickness, a frequent cause of failure in the use of the aspirator. The leg was then put up in plaster, and an open-

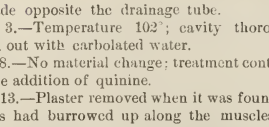

Fig. 1.

ing made opposite the drainage tube.

May 3.—Temperature 102°; cavity thoroughly washed out with carbolated water.

May 8.—No material change; treatment continued with the addition of quinine.

May 13.—Plaster removed when it was found that the pus had burrowed up along the muscles, and counter openings were made to allow for thorough drainage and the leg put up in an anterior swinging splint. The cavity was thoroughly washed out with a sub. nit. bismuth solution.

May 16.—The patient has suffered intensely with clonic spasms of the muscles of the leg, since the removal of the plaster cast.

May 17.—The leg was again put up in plaster, as seen in Fig. 1, the plaster extending from the toes to just below the knee, and then applied on the thigh sufficiently far down so as not to occlude the

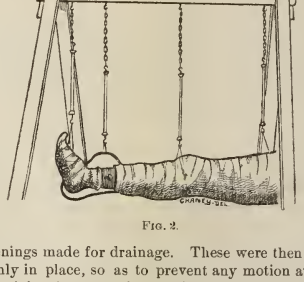

Fig. 2.

openings made for drainage. These were then held firmly in place, so as to prevent any motion at the knee-joint, by strong iron splints attached at either end to perforated zinc, and after extension and counter-extension being made, were fastened in place by a few turns of a narrow plaster bandage. The leg was then suspended, as seen in figs. 2 and 3, which are cuts of a very admirable method for the treatment of compound fractures. These splints are easily made at trifling cost, and save a vast amount of labor and anxiety to the surgeon, where it is necessary to treat open wounds in the vicinity of a joint. When extension and counter-extension is desirable, the screw, as observed in fig. 3 c. can

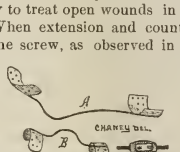

Fig. 3.

be added. The open space at the knee gave us a fine opportunity to dress it. I would here state that the surfaces of the tibia and femur at their ends were diseased, as indicated by the probe and manipulation.

The application of this splint afforded immediate relief of pain. From this date our patient materially improved until June 1st, when he began to fail. I then suggested either resection or amputation, whichever I might decide upon after exploration. He strenuously opposed any operative procedure until June 13th, when he consented, and, as his general condition was bad, I concluded that the chances would be in favor of amputation; in fact, the inroads of disease at the articular ends was such as to preclude resection. The amputation was made at the junction of the middle and lower third (circular method). From this date he made a good recovery and left the hospital July 17 with the stump nearly healed.

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Round Shoulders.—"Round shoulders" is a very prevalent deformity, and is, withal, one to which surgeons have generally considered it unnecessary to pay any attention. This lack of scientific attention is to be deplored, not only on hygienic, but also on æsthetic grounds. Dr. Chas. F. Stillman communicates to the Medical Record of the 25th ult., a very timely article on the subject in which he discusses the anatomical and physiological characteristics of the deformity as a basis of its treatment. The spine is a column composed of 24 segments, upon which rests the head, and to this column in its dorsal position is attached the thorax, and secondarily, the upper extremities. The normal line of the spine is a compound curve, and it is retained in this shape by muscles disposed along its course, acting as do the stays to a mast, and opposing the effect of the weight of the head as a constant gravital force to increase the curves. When the normal degree of tonicity does not exist in these muscles this increase in the curves is found, and is further exaggerated in the region of the neck and shoulders by a tendency of the upper extremities and thorax forward, and by this forward tendency we obtain the contracted chest, the spread and protruded shoulder blades, and the bent and stooping shoulders—all characteristic of the deformity in this region. The object of treatment is manifestly to restore the normal curvature of the spine, and the means which he employs to this end are considered under two heads—mechanical and physical. The mechanical treatment consists in the use of properly devised apparatus for the restoration and retention of the normal curvature, and the mechanical problem this resolves itself is into the reduction of the dorsal curve, since the cervical and lumbar are merely compensatory and will tend to regulate themselves. The physical treatment embraces the employment of such exercises and movements as will conduce to the permanent cure of the deformity through a strengthening of the muscles, to the weakness of which the disturbance of the symmetry is primarily due. He gives cuts of certain braces which he has devised as part of the mechanical treatment, but important as this part of treatment doubtless is, the braces must prove very burdensome, and to this extent interefere with their employment. The greatest good must be hoped for through the physical treatment, and Dr. Stillman describes a number of movements and exercises of a gymnastic character which must commend themselves to anyone giving attention to this subject. He employs a table, the surface of which is so padded or covered as to make it comfortable to the patient. Upon this he places the patient lying on his back in such position that his shoulders rest upon the end of the table, the end of which comes to the central dorsal region, thus allowing the head and upper extremities to hang over. By assuming this position the chest is forced to resume its normal shape, and the shoulder blades, which in cases of round shoulder open from each other, tend to approach each other, as is their normal relation. In order to assist this approximation of the shoulder blades the patient may clasp the hands together behind and under him, although at first he will find it very difficult and even impossible in some cases, to do this. While undergoing the process it would appear as if the skin and tissues of the anterior part of the thorax were stretched as much as their structure would allow, and thus, posteriorly, the soft parts were redundant. While lying in this position, the general good effect may be supplemented by the use of light dumb-bells. As an adjunct to this table

exercise, and as affording a pleasing variety in the movements, the use of the rubber cords may be recommended. Of these there should be two, fastened by detached hooks and staples, to fall in such a manner as to draw the hands beyond each other, the resistance of the muscles to the contractility of the rubber constituting a most valuable adjunct for developing the chest, if formulated into a series of exercises. In cases in which these exercises may seem to be unduly severe, the necessary strength for their successful use may be developed by less severe exercises. One which can be specially recommended for other than the backward traction position, is one in which the chest is expanded by the body falling forward as much as the rubber cords grasped by the hands will allow, the feet not being moved, and the head prevented from falling forward with the rest of the body by means of a wooden bar placed between the teeth and connected to a frame by a cord or wire. This movement is also very serviceable in strengthening the muscles of the neck. There are also certain postures which are of themselves beneficial and should be recommended. The first is in regard to sleeping. The bolster and pillow should be removed from their usual place under the head, and one or both placed under the shoulder blades. The second is that of reclining (not upon the back, but upon the front of the body,) during the day, for reading or resting, the patient lying at full length and resting on the elbows. This is a favorite position with children, and should be encouraged, as, if steadily practiced, it is useful as a preventive of round shoulders. Parents, instead of rebuking their children for assuming this position, should encourage them in it. If they could only be made to understand that it is one of the greatest helps to symmetrical development, they would interpose less serious objections to the use of the floor by the children.

Emetics and Bleeding, Good Remedies Out of Fashion.—Dr. C. J. Hare, President of the Metropolitan Counties Branch of the British Medical Association, delivered at a late meeting an address from which we select some interesting observations on emetics and bleeding. In former times it was customary to commence the treatment of many diseases by procuring vomiting. Although such indiscriminate use may involve the administration of emetics, when they are either unnecessary or positively harmful, the benefits on the whole were greater than under the present complete discarding of such use of them. In the early stage of croup an emetic of tartarized antimony may convert what had promised to be a very severe case into one of less than ordinary severity. In diphtheria, too, both in the early stage and later as an aid to the throwing off of the membrane, emetics are more useful than is usually conceded. In suffocative bronchitis, the effect of an emetic is sometimes magical. Ammonia and stimulants may do good in their way in such cases, but twenty-two grains of ipecac in an ounce of water stands without a rival as a means of relieving the distressing symptoms.

There is a class of cases in which the right heart is engorged with blood, and in which the only hope of rescuing the patient from death is by bleeding. The lecturer draws the following illustration of its value from nature: "A man of middle age has considerable chronic bronchitis, with some congestion of the lungs, and, like many other unwise persons, he goes to a southern watering place instead of remaining in his room and in a uniform temperature. Becoming worse, he determines to return home, and travels on a cold spring day; his dyspnœa is so much worse on the journey that his friend and fellow-passengers doubt whether he will arrive home alive; and when his carriage meets him, it is with the greatest difficulty he is conveyed to his house, and got into his drawing-room. You are at once sent for, the message being that the patient is dying, and when you arrive you find that that is the fact. He is sitting in a chair (to lie down is impossible for him), his face is blue and swollen, his lips purple, the eyes suffused and staring, his heavy gasping breathing you have only too distinctly heard and recognized as you ascended the stairs, and when you see him you find his chest heaving, and each short gasping inspiration followed by a long wheezing and moaning expiration; his lungs are full of moist sonorous, and mucous and submucous rhonchi, and scarcely a trace of vesicular respiration is to be heard, and he is pulseless. He looks to you beseechingly, and gasps out, in scarcely articulate words that he is dying. This is but too true. Now, the treatment for such a condition at the present day is "to pour in stimulants" (though the patient can scarcely swallow). Brandy and water are given, and ammonia, and perhaps ether; then, if the patient live long enough to have them made, mustard poultices are applied to the chest, and to the calves and to the feet, and the patient is fanned and the patient dies. Something has been done, but that which true pathology—and, indeed, common sense, unshackled by prejudice, custom and fashion—would dictate, has been left undone. Appearances have been saved, but not the patient's life.

"The fact is, that here the danger lay in the right side of the heart being gorged with blood, so that it was impossible for its stretched and distended walls to contract and to propel forwards the thick and blackened blood. Oh, as you value your patient's life, as you value the blessed consciousness of being a minister who has done everything possible for his welfare, let me beg of you not to be contented with the futile treatment of to-day; relieve that poor oppressed distended heart, and all may be well! Open one of those veins which are, with every systole of the heart, tending to carry more and more blood to this already distended right ventricle, and all may yet be well with your patient. Sometimes this blood-letting, in extreme cases, is no easy matter; it may be necessary, before you can effectually open the vein, to place the patient's arm in warm water, so as sufficiently to distend the vein; and even when the ligature has been efficiently applied, and the vein

well opened, you may have to press, and squeeze and rub upwards the arm before a drop of the thick and tarry blood will flow. But, when it does flow at length freely, oh, what a marvelous change may you see take place!—the breathing becomes quieter, deeper, and less noisy, the haggard face resumes the appearance of tranquility, the blueness of the skin is replaced by a more natural tint, the pulse becomes more and more distinct, and, in a word, the choked-up heart is set free. This is no fancy picture. Every word is simple truth, and I appeal for confirmation to the memory of every senior member present who recollects the experience of his earlier days, and who can also probably tell you the after-progress of such cases was sometimes almost miraculously rapid, so that in a few days even the patients might become convalescent."

Experimental Diphtheria.—A treatise bearing the above title, and written by Dr. Otto Heubner, of Leipsic, has lately received the prize given by the Empress of Germany for the best essay on the subject of diphtheria. The Lancet gives a synopsis of the report of the committee who awarded the prize. Neither the committee nor the author of the work considers that its contents have solved the important question propounded. The members of that body have pointed out that they dissent from many of his theories, but recognize the completeness with which he has treated the portion of his subject which deals with practical experiments regarding the nature and pathological development of the malady. In his introductory remarks, Dr. Heubner seeks to prove that the local and general symptoms of diphtheria form two distinct elements of the disease, and urges that, in trying for experimental purposes to bring about in animals a condition which resembles a diphtheritic affection of the human organism, no system is of real value which does not reproduce in a corresponding manner the membranous formation so rarely absent in cases of diphtheria. While admitting the identical nature of the results obtained by Weigert with corrosive applications and of the local affection typical of diphtheria, he considers that these results are deficient in practical value by reason of the difference between the means employed in their production and the active causes of diphtheria in the human subject. With the view, therefore, of establishing artificial diphtheria in a manner closely resembling the natural process, Dr. Heubner commenced a series of experiments founded upon the results obtained by Conheim and Litten in their researches as to the effects on various parts of the animal system of a temporary stoppage of circulation. The condition induced has been described as coagulation-necrosis by Cohnheim and Weigert, and Dr. Heubner arrived at the conviction that diphtheria was in reality produced by a local condition of a character analogous to the inflammation of the tissue of the kidneys, etc., recorded in connection with their experiments. His method of procedure (for which he acknowledges his indebtedness in some degree to Professor Conheim) consisted in the application of a thread ligature to the urinary bladder of a rabbit in such a way as to produce a temporary but complete stoppage of circulation. A considerable portion of that section of the work which deals with Dr. Heubner's own experiments is devoted to the description of the various appearances presented by the organ in question upon the animals being killed at periods varying from twenty-four to seventy-two hours after the performance of the operation referred to. In his general comparison of these appearances with those which attend diphtheria in the human organism, Dr. Heubner alludes to the simultaneous process of necrosis and of swelling as finding a parallel in the diphtheria which at times accompanies scarlet fever rather than in the primary form of the disease. This fact he ascribes, however, to the exigencies of the case, which involve the stoppage of circulation in the entire wall of the organ experimented upon. From this he argues that, were the mucous tissue exclusively subjected to the influences referred to, an isolated affection would be produced of an identical character with that of primary diphtheria in the human subject. In one of his experiments such a result was really attained. He further maintains that, if by the action of cold or other causes a stoppage of circulation for two hours were produced in the most superficial portions of a mucous membrane, there would be seen an exudation of a croupy description a day or two later, these limits of time corresponding with those which were found to regulate the progress of the experiments carried out by Dr. Heubner himself. In the subsequent portions of the work the question of the general diphtheritic infection is treated, and the relations of the poison of the disease to the local membranous formation is discussed. In recording its dissent from various theories propounded by Dr. Heubner, the committee expresses its opinion that the experimental results described in his treatise may be found of practical value, though perhaps not without certain modifications in the details of his mode of procedure. The second portion of the work deals, amongst other matters, with the results obtained by the introduction into the animal system of diphtheritic matter from the human subject. With this part the committee do not see their way to express concurrence, their decision having been given from an appreciation of the earlier portion of the treatise, to which detailed reference has been made.

The Causes of Sterility.—Dr. J. Matthews Duncan in his Gulstonian lectures: "It is scarcely an exaggeration to say that, in recent practical works on sterility, there is exhibited entire ignorance or entire neglect of the laws of fertility. Every woman from fifteen to forty-five is regarded as likely to breed. If she be sterile, a cure is at once set agoing; and, if a child be not born, the failure is not debited to the nature of the case, but to the

want of ingenuity in the doctor. A reputation for curing sterility is spoken of as if it were founded on substantial claims. The prevalent methods of curing sterility are founded on an implied theory that it in most cases arises from impediments in the way of the spermatozoa reaching the ovum. Without sufficient evidence, strictures are assumed to exist, versions and flexions of the womb are held so to distort the interior passage as to prevent progress of the spermatozoa, cervical catarrh is believed to stop them by mechanical obstruction or by chemically poisoning them; and for these real or imagined evils sterile women are made the subject of treatment. It is the theory of mechanical obstruction that, by its simplicity and directness, has possessed the profession and the public; and accordingly many operations and modifications of operations, and very many instruments, have been devised to do away with the obstruction. The theory has had real rational support in the fact that dysmenorrhœa of a spasmodic kind does, as already shown, frequently accompany the sterility, and in the supposition that the same obstruction which causes sterility by impeding the entrance of semen, causes also dysmenorrhœa by impeding the exit of menstrual blood, or *vice versa*. It has had still more satisfactory support in the observation that the cure of the dysmenorrhœa does occasionally bring with it cure of the sterility.

"The very zeal with which the mechanical theory of sterility has been fostered, and its treatment in many ways pursued, has led to its present decadence, and there is now increased attention paid to other departments of fertility and conception. Especially and justly, the difficulties of naturally starting and healthily continuing pregnancy are brought prominently into view. The mechanical obstruction theory has begun to shrivel, because of the impression produced by the enormous, though inexactly ascertained, proportion of the failures of the attempts to cure founded on it. Even the ignorant sterile woman could see that, if the theory of causation were true, there was an easy and plain theory of cure; and they could also see that the failure of the so-called cure was prejudicial to, if not destructive of, the theory. The importance of the difficulties of pregnancy now brought into prominence will, on account of its great reconditeness, be received with no enthusiasm, such as welcomed the obstruction theory; and the physicians who entertain it can offer no such brilliant prospects of cure to their confiding patients. It is, however, a decided step of progress in a subject of great practicable importance.

"It is in Germany that this department of sterility has been chiefly studied, and Grünewaldt, of St. Petersburg, is its best exponent. Recognizing the importance of this work, I take the liberty of using it to show the great incompleteness of even the most advanced accounts of the subject. For Grünewaldt sterility is truly never a disease, but a symptom of a disease. Nature has, he says, set no limits to female breeding other than the natural changes in the sexual organs that are observed in the senile state. Sterility is one of the most frequently occurring disturbances of function caused by disease of female sexual organs. In these views, and his whole work, it is implied that sterility depends on disease of the sexual organs, including chiefly endometritis, mesometritis, perimetritis and parametritis. The difficulties of conception, he says, have only a slight importance compared with the disorders of the more important vital processes of pregnancy, and these disorders affect chiefly the tissues of the uterus."

The Diphtheria Micrococcus.—In response to the request of a reader we reproduce the conclusions of Wood and Formad's experiments as reported to the National Board of Health:

"1. The micrococci of diphtheria do not differ, so far as observed, from those of furred tongue, etc., except in their tendency to growth in culture fluids.

2. The micrococci of furred tongue, or ordinary sore throat, have a less tendency to grow under culture than have the micrococci of endemic, non-malignant diphtheria.

3. The micrococci of endemic, or non-malignant diphtheria, have a much less tendency to grow under culture than have the micrococci of malignant diphtheria.

4. The rapidity of growth of the micrococci is in direct proportion to the malignancy of the case yielding them, and its contagiousness.

5. On exposure to the air, diphtheritic membrane of the most virulent type loses its contagious power, and the micrococci *pari passu* loose their power of growing in culture-fluids.

6. Under successive generations of artificial culture, the diphtheritic micrococci lose their growth and activity, and also their power of infecting the rabbit.

7. It has not been experimentally directly proven, but it is a necessary inference from the two facts just stated, that under certain favoring circumstances the sluggish micrococci take on growth-activity, and in all probability poisonous properties.

8. Every grade of case can be found in man from an ordinary sore throat, through simple pseudo-membranous angina and tracheitis, up to malignant diphtheria.

9. Any inflammation of the trachea of sufficient intensity may cause the formation of a pseudo-membrane.

10. A case may begin as one of sthenic 'pseudo-membranous croup,' and end as one of adynamic 'diphtheria,' with blood-poisoning; and in cases of this character not unfrequently no exposure to contagion is discoverable, and there is clinically every reason to believe that the blood-poison has been developed within the body of the patient."

The theory of the disease which they would deduce from these facts is that the micrococcus, which directly or indirectly causes the diphtheria, is not a specific organism different from that common to healthy and inflamed throats, but is an active state

of that organism; that certain circumstances outside of the human body are capable of throwing this common micrococcus into this condition of active growth, and engenderiug an epidemic of diphtheria. When diphtheria is thus epidemic, the micrococci alight upon a throat, and, if it have little resisting power, as in a child, inflame it, or increase a catarrh already existing into a violent inflammation, and also rapidly enter the blood and cause systemic poisoning. On the other hand, a catarrh in a weakly subject may, in the beginning, be simply an inflammation from cold; but the ordinary micrococci in the throat and mouth, favored by the special conditions, etc., may gradually change from the dormant to the active state, and by-and-by act upon the throat, and at last force their way into the system, and a self-generated diphtheria be formed out of a 'cold.' It has already beeu abundantly proven that there is no specific character detectable in the micrococci of diphtheria. The history of wounds infected with diphtheritic poison, and of those infected with hospital gangrene, lends further countenance to the idea that diphtheria and certain other septic diseases are really different manifestations of the one affection; the difference in symptoms depending rather upon the difference in the location than in a difference of the nature of the septic process.

Localized Blennorrhagia in the Female.—Boutin (Th. de Paris—Journal Cutaneous and Venereal Diseases):

1. Blennorrhagia in the female has a marked tendency to localization in certain well-determined points of the vulva or the vagina, either primarily, or when the inflammatory process has somewhat diminished.

2. Generally, blennorrhagia localizes itself in the glands of the genital apparatus.

3. Blennorrhagia may localize itself exclusively in the vulva. This constitutes blennorrhagic vulvitis.

4. But it may offer more intimate localizations and secrete itself within the glands of Bartholin, in the peri-urethral follicules, or in the disseminate glands, at the level of the labia minora or the fourchette.

5. Blennorrhagic Bartholinitis is quite frequent. It may present the following forms:

The acute form, terminating by resolution or induration, rarely by suppuration.

The sub-acute form, suppurating invariably, the blennorrhagic Bartholinitis then becoming complicated with a phlegmonous peri-Bartholinitis. The peri-glandular pus is not blenuorrhagic, while the intra-glandular pus presents all the characters of blennorrhagic pus.

The chronic form. If the inflammation occupies the body of the gland, then there are chances of complications of peri-Bartholinitis and of contagion; while, if the inflammation be localized at the excretory duct, the chances are at the minimum. But the inflammation has a natural tendency to invade the body of the gland.

6. The peri-urethral folliculitis may be,

Simple. It then presents well-defined clinical symptoms.

Hypertrophic. It then becomes the point of departure of urethral polypi.

Suppurating. In this last condition, the disease is contagious. The contagion is effected by the introduction of a drop of blennorrhagic pus into the canal of the urethra, one of these follicular abscesses being broken during the act of coition.

7. Blennorrhagia rarely localizes itself in the glands of the labia minora or in the form of a patch in one or several vulvar glands situated at the level of the fourchette.

8. All the points of the localization of blennorrhagia may become exulcerated under the influence of inflammation, and thus become a point of entry for the chancrous or syphilitic virus.

9. Blennorrhagia may localize itself, when it occupies the vagina, in the *cul de sac*, in the folds which are observed on the mucous surface, in the uterine neck, or even in the cavity of the uterus itself. In the latter two cases, it is frequently complicated with peri-uterine accidents, by the intermediary of a lymphangitis or of a juxta-uterine adenitis (adeno-lymphitis), which especially lead to adeno-pelvi-peritonitis.

10. It is rare that blennorrhagia localizes itself in the rectum; nevertheless, this fact has been observed, especially in the female.

11. It is important to recognize localized blennorrhagia in the female, and to not confound it with dermatoses, such as herpes or zona. Blennorrhagic Bartholinitis should be differentiated from traumatic Bartholinitis and cysts of the vulvo-vaginal glands.

Likewise it is important to distinguish peri-urethral folliculitis from inflammatory vegetations, and blennorrhagic vulvitis from simple vulvitis. Physicians ought also to be able to refer a blennorrhagic metritis to its true cause.

12. The prognosis should embrace two factors:

a. The patient is, by the fact of her localized blennorrhagia, subject to acute recurrences of a severe character.

b. She may become contagious, if any circumstance whatever should renwaken the chronic inflamation and induce the least possible puriform or purulent condition.

13. In order to radically cure the disease, it is necessary, after the subsidence of the acute symptoms, to modify the inflamed points by energetic cauterizations, to even incise the gland of Bartholini and induce suppuratiou, if it should be the seat of localization of the blennorrhagia.

De Mortuis Nil Nisi Bonum.—An abject conformity to this injunction has been the direct cause of a vast amount of lying. Who is there, for instance, who has attended a meeting called for the

purpose of passing resolutions of respect to the memory of a deceased physician, we will say, who has not heard beautifully rounded sentences extolling his virtues and eulogizing his memory roll from the lips of men who had not for years been on speaking terms with the dead man and had systematically denounced him? As we write one of these scenes is resurrected before us, and we recall the answer from one of the eulogists whom we congratulated on his change of heart: "*De mortuis nil nisi bonum.*" The injunction is one which man's better nature heartily endorses, but it has been sadly misinterpreted. While we may say nothing but good of the dead when we speak of them, we are not compelled to speak of them. It is proper to single out for comment a dead man's good qualities, but to concede him dead, qualities which we denied him living, is either highly dishonest or grossly inconsistent. Much better than the wrong interpretation of the injunction, which we have indicated, would be a close observance of that which enjoins us to keep silence unless we can say something good.

There is a sense, however, in which a man's life is the possession of his fellows and as such is open for honest criticism, both for its virtues which should be emulated, and its mistakes which should be guarded against. An honest *post mortem* examination of the dead man's character would frequently be vastly more profitable to his survivors than a similar examination of "the fleshy tenement from which the undying guest is gone forever." The operation must necessarily be an extremely delicate one, and it should be done with the least possible disfigurement of the remains—no more than is actually necessary to reveal the defects. All unnecessary cutting and slashing is sacrilege.

Our thoughts have been turned in the above direction by the report of a *post mortem* character-examination of a physician lately deceased in Australia, as it appears in the Australasian Medical Gazette. While we reproduce this report as something decidedly new, we cannot but remark that while the man who used the knife did thorough work, he cut deeper and more freely than was perhaps necessary:

"I wish," says the reporter, "I could say that he had gone to his grave with everybody's regret; but he had lived in his professional life in such perpetual antagonism with those of his own calling, that it would be untruc to say that their regrets followed him to his resting place. That he had considerable ability no one denies; but he had such an overmastering vanity, and such an irascible temper, that it was a virtual impossibility for any average human being to continue long on friendly terms with him. No doubt these faults were in the nature of great misfortunes to him; but they were, equally, misfortunes to those who had dealings with him. He looked upon a difference of opinion as an affront, and he resented it as such. He was a voluminous writer, and he claimed to have made some discoveries; but these fancied discoveries were only in the nature of ruminations of the scientific aliment with which others had supplied him, and he was furious when he was told that this was so. He might have been very useful if he had been content to work side by side with his fellow-practitioners; but he would not recognize equality, but affected to discover only inferiority in those about him; and it is not in human nature to submit to arrogant assumption, even when there is some reason at the back of it. So it happened that he became alienated from nearly every one in the profession. We bear him no malice; we wish it could have been otherwise; but it was solely his own fault that it was not otherwise: and so *requiescat.*

VENTILATION OF SEWERS.—M. Wurtz, of Paris, has recently made a series of analytical tests with the object of determining the effects produced by the free admission of air into sewers, or, in other words, by thorough ventilation. The results of these experiments, which are epitomized by the Medical News, are important, inasmuch as they reveal the fact that the free circulation of air in sewers acts beneficially, not only by diluting and dispersing sewer gases, but also by destroying them chemically.

Mr. Eassie has described the manner in which these changes take place in the sewers, as demonstrated by M. Wurtz. He says that when the motion of the waters renews the surfaces, bringing them incessantly in contact with oxygen, when there is a free current of air in the sewers, the sulphuretted hydrogen becomes readily oxidized, and inodorous, non-volatile sulphates of ammonia are formed. This reaction is rendered still more energetic by moisture, which is always present in the air of sewers and is deposited by the condensation of steam against the brickwork and the walls of the water mains, as well as of all the other pipes which are placed inside the Paris sewers. These large humid surfaces hold in a state of solution such portions of the highly soluble gases as may not have undergone a chemical change, and thereby prevent their expulsion into the outer air. On the other hand, however, when the ingress of air into the sewers was stopped; when the water, on becoming stagnant, discontinued the process of multiplying its surfaces of contact with the oxygen; not only did the sulphuretted hydrogen cease taking up oxygen to transform itself into sulphates, but the sulphates themselves, which had previously been formed, would be resolved by the organic matter in course of decomposition. This organic matter, depriving the sulphates of their oxygen, would reduce them to sulphites or sulphuretted hydrogen, and then would follow a black settlement, an evolution of bubbles, and layers of slimy froth.

As to the effect of free ventilation upon the minute morbific organisms which are supposed to infest sewer-air, and which all efforts have thus far failed to isolate, little can be said from the standpoint of experimental knowledge; but it seems reasonable to believe that these subtle organic elements, as well as the gaseous constituent of sewer-air, are oxidized in

part and dispersed by the free admission of atmospheric air; and that there is less chance for their development, concentration, and transportation into the apartments of our dwellings, through the channels of sewer connections, under the conditions of free ventitation above mentioned, than when the sewers are trapped and hermetically sealed, and direct communication with the outer air is, in this manner, prevented.

A Simple Form of Nasal Douche.—Dr. Frank Woodbury, of Philadelphia (Medical Times), describes a medical douche which has the advantage of simplicity and cheapness. It consists of an U-shaped elbow of glass tube, to which is attached a short (about three inches) piece of ordinary rubber tubing on one arm, and a long (twenty inches) piece from the other, the latter having a hollow, somewhat conical, glass nozzle, so as to occlude the nostril when pressed into it, and keep in the fluid delivered through a central opening. The short end is also tipped with a glass tube, so as to hold it open and prevent collapsing. When not in use the entire apparatus is contained in a small paper box ($2\frac{1}{4} \times 1\frac{1}{4} \times 1$ inch), which may be conveniently carried in the pocket, or may be carried in a valise without breaking. In order to use the douche, a glass tumbler, or any similar receptacle, should have placed in it the required amount of warm water (100 F.), medicated as desired; the douche should be immersed in the fluid, and then the long tube (tightly pinched between the fingers so as to retain its contents) is drawn out of the reservoir until the glass elbow hooks over the edge of the cup, where it is self-retaining; the fluid will flow from the nozzle as long as it is depressed below the level of that in the receiver. The flow can be interrupted by simply dropping the nozzle back into the tumbler. It fulfills perfectly the purposes of a nasal douche, where such an instrument is desired. The douche may also be used for acute affections of the ear (after scarlet fever, etc.), for the eye, and generally for such purposes as an instrument of this size is adapted; among these may be mentioned the administration of milk, broth, etc., to patients unable to sit up, and too weak to drink in the ordinary way.

The advantages of this form of nasal douche are (1) its simplicity, there being no parts that can rust or get out of order; if any portion is broken it can be replaced at a trifling cost; (2) its convenience, being compact in form, occupying little space; taking but a moment to put into operation; (3) its safety, the stream being delivered without force, simply by gravity; it is almost impossible that the fluid should be forced into the middle ear; and (4) its efficacy being granted, its chief advantage is that it is the most economical douche that is in the market, its cost being insignificant.

Hot-Water Enemata in Delivery.—Dr. Beckingsale gives in the British Medical Journal the results of his use of hot water in labor: The value of hot-water enemata as a means of hastening delivery, apart from its use in the removal of fæcal accumulation, in such cases of tedious labor in which either ergot or the forceps are admissible, has been hitherto unaccountably ignored in practice, as far as my experience extends. I formerly had warm water enemata given with the usual object of removing fæcal obstruction from the rectum; in most cases, an increased rate of dilatation of the os followed. Latterly, I have had enemata of hot, not merely warm, water administered, whether there were any appreciable collections of fæces or not, and always with the result of an accelerated rate in the progress of labor. The fact of the os dilating under the influence of the enema, whether there was an appreciable quantity of fæces or not in the rectum, proves that their presence does not prevent dilatation by causing spasm; at least, not in the majority of cases. It follows that the hot enema must act as a direct and powerful stimulant, to the uterine muscle, and I feel convinced, I may add, as a result of close observation, also to the voluntary muscles engaged in the act of parturition. Judging from the sense of relief which follows its administration, it has, at the same time, a relaxing and soothing effect on these same parts; analogous, in short, to the effect of hot water applied in the familiar form of a fomentation to an inflamed and painful swelling.

I believe I am justified in adding that there is less atony of the uterus after delivery, when a hot enema has been given, and consequently less tendency to post partum hemorrhage. On this account, it has not the after-relapsing effect of chloroform on the uterus it otherwise commonly has.

I submit that it would be as well to give so simple a means of treatment as hot water enemata a trial, in cases in which either ergot or the forceps would be used, as it possesses obvious advantages over both.

American Public Health Association.—The American Public Health Association will hold its Eleventh Annual Session at Detroit, Michigan, commencing Tuesday, Nov. 13th, '83, and ending Friday, Nov. 16th.

The subjects which have been chosen for special consideration at that time are:—

1. Malaria.—Its etiology and the methods for its prevention in localities or in persons; its American history; its specific particles; its origin; the conditions of its pervasion; its laws of extension, etc.

2. Foods.—Their adulterations; healthy or deleterious modes of preservation and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

3. Vital Statistics. Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.

4. The Control and Removal of all Decomposable material from Households.—The mechanical laws, constructions and appliances relative thereto. The construction of all inside pipes and their connections, their traps, and syphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

Methods and systems of Physical Education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topic are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the Secretary by Oct. 15th, and that the paper complete be in the hands of the secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. Wm. Brodie, Detroit, Mich., after Nov. 9th.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and coöperation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well being.

Inquiries of a local character may be addressed to Wm. Brodie, M. D., Chairman Local Committee, Detroit, Mich.

The Aborting of Typhoid Fever.—Dr. C. H. Sanborn, of Hampton Falls, N. H., writes as follows: "In this seaboard corner of New Hampshire we have generally a mild type of typhoid fever. Few patients die of it. For the last twenty-five years I think the mortality from typhoid fever has been less than five per cent. of the whole number of cases.

For the last five years I have treated all my cases of typhoid fever by the use of baptisia and gelsemium. I give one drop of the homœopathic tincture of baptisia every four hours for three or four days and one drop of the fluid extract of gelsemium three times a day.

This treatment has never failed (I have from five to ten cases annually) to cure the fever in less than a week—generally in three or four days. This treatment may fail hereafter, but so long as it cures promptly I shall follow it. In other hands it may fail and possibly the type of the fever may change.

I hope all intelligent physicians will try this way of treatment and report results to the readers of the Age."

We would not for a moment seek to cast a shadow of suspicion on our correspondent's veracity or on his diagnostic ability. Honest men have been known to differ in opinions based on the same facts. When Dr. Sanborn, however, furnishes us with the clinical record of a case of typhoid fever (which record shall be endorsed by physicians of acknowledged competency and integrity) cured in less than a week by means of baptisia and gelsemium, or any other drug or drugs, in one drop or any other sized doses, of homœopathic or any other tincture, given every four or any other number of hours apart, we will tender him our most humble apology for any suspicion which the requirement of this scientific test may tend to cast on his skill or integrity. This is a question of paramount importance and we would not accept the *ipse dixit* of a Louis, an Andrew Clark, an Austin Flint, or any other man, "regular," homœopathic, eclectic or hybrid, as evidence in determining it. We have given our opinion, in a previous issue, of the man who claims to abort typhoid fever, and while we may now regret the somewhat inelegant language in which it was couched, we shall not modify it until such evidence is brought to bear against it as will stand the tests of science.

We shall hereafter admit to our pages no more declarations similar to the above; but when Dr. Sanborn, or Dr. Davy either, shall adduce such evidence as we have indicated, and which none, we think, will question our right to demand, he will find our columns most cordially at his disposal.

Medicine and Theology.—A very singular conflict is now raging in Montreal. The fight is a triangular one, the parties thereto being Victoria Medical College, the Medical Department of Laval University and the Roman Catholic Church. Victoria Medical College is in affiliation with Victoria University, of Cobourg, and is a Protestant institution. It has been in very successful operation in Montreal, and has, in common with the Medical Department of Laval, had the *entrée* to the Hotel Dieu for clinical purposes. This hospital is a Roman Catholic institution, in charge of the sisters of charity. It has transpired of late years that Victoria has been successful so much to the injury of Laval that the authorities of the Church, with a view to assisting the latter, issued orders to the sisters of Hotel Dieu to refuse admission to all professors and students except those of Laval. The sisters appealed to Rome against these orders and the professors to a committee of Provincial Bishops. The latter have decided that no Catholic can conscientiously form part of Victoria School or attend lectures there, and those who do so cannot be admitted to the sacrament of the church, and the sisters have been again ordered to close their doors against the professors and students of Victoria. This latter order has, however, been temporarily set aside by a cablegram from the Pope, which orders the restrictions placed on Victoria to be removed until further advices.

To the reader who may discredit the above story, deeming such a thing an impossibility in the glare of the nineteenth century, we have only to say that it is vouched for by the Canada Lancet, from which the facts as we have stated them have been taken.

Infantile Diarrhœa.—Before the Ulster Medical Society (British Medical Journal) Dr. Harkin read a paper on infantile diarrhœa. He gave statis-

tics of the high death-rate from this disease. In one decade in England and Wales, of 4,000,000 deaths registered, 2,000,000 were of children under five years of age, and of these latter a very large percentage was due to diarrhœa. The mortality from infantile diarrhœa was every year on the increase, especially among children under one year of age. He attributed the great prevalence of diarrhœa to the milk-feeding of infants, and the high mortality to the persistence in this diet during the attack. Overcrowding, bad ventilation, heated atmospheres, inattention to cleanliness, defective sewerage, and impure water, all contributed to the production of the disease; but, in hand-fed children, the quality of the milk and the manner of giving it were the chief agents. Milk was usually given too much diluted, and the quantity was excessive. The essential element of treatment was to cut off the supply of milk, even in the case of infants at the breast. Dr. Harkin substituted a diet of beef-tea, arrowroot to which a little port-wine was added, and Swiss condensed milk. He applied mustard over the abdomen, and in severe cases he put a blister over the liver, because he believed there was always hepatic congestion. Absolute rest of body should also be insisted upon. He generally prescribed dilute sulphuric acid, combined with opium, if there were much griping. With this treatment, he had a very low mortality from infantile diarrhœa.

Anatomy, Surgery, and Hygiene of the Rectum.—Dr. Joseph Eastman concludes an article on this subject in the American Practitioner for July, 1883, as follows:

1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting power of Thomas and add one with its closed.

2. I would urge the rectal surgeon (for purposes of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open.

3. I would urge humanitarians to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same.

4. I believe it is the duty of philanthropists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water-closets invite, not repel. Health boards should inspect every store, factory, and place of business, to see that clerks and employés, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands.

5. I would beseech of doctors, philanthropists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.

Extensive Wound of Liver and Lungs.—J. B. Sullivan, M.D., of Stanton, Mich., communicates the fo lowing:

On August 30, 1883, I was sent for in haste to attend Henry Prentice, who had fallen upon a circular saw at Talcott's mill. The saw at the time of the accident was making five thousand revolutions per minute. On reaching the patient I found a wound commencing in the intercostal space between the fifth and sixth ribs, penetrating the right lung transversely, then passing downward and backward to the hip, cutting off the sixth, seventh and eight ribs, passing into the liver on its way downward. The intestines were not injured. The air passed in and out through the cut surfaces of the lung, making a sound like escaping steam. I anæsthetized the patient and after removing foreign matter and clots brought the cut surfaces of the abdominal and thoracic walls into apposition and retained them by silk sutures. He bore the anæsthetic very nicely.

This is now the seventh day since the accident and he has experieuced no pain in or around the wound. The symptoms are extremely favorable for recovery at this date, the wound healing by first intention.

I report this case because of the interest which must attach to it even should it yet terminate fatally. That a patient should live for seven days after a wound of this nature is in itself remarkable.

Medical Department of the University of Colorado.—We are in receipt of the first announcement of the Medical Department of the University of Colorado, and are constrained to make an exception in its case to our rule of not cumbering our space with notices of the flood of this literature which overwhelms us with the advent of each autumn season. The announcement before us is like the voice of one cryiug in a wilderness, and we would fain hope that it is the fore-runner of better days for the cause of higher medical education. The champions of the cause in the East having ignominiously struck the colors in the face of Mammon, the young giant of the West has rescued them from beneath the feet of the struggling hordes and taken them to his mountain home, where he bravely bears them aloft.

The new department in the University of Colorado is located at Boulder. Its announcement declares that "*all* candidates for admission, except those who have passed an examination for admission to the University of Colorado, must present a degree in Letters, or Science, from a recognized College or Scientific School, or a High School diploma, or pass an examination in English, Latin, Physics, and in such one of the following branches as he may elect: German, French, the elements of Algebra or of Plane Geometry or Botany." It furthermore provides that these examinations shall be conducted in writing, and that the papers, which shall be preserved by the secretary, shall be open for inspection. The curriculum consists of a graded course of four years of nine months in each year.

The best wishes of the friends of medicine everywhere will go out to this new enterprise. It will be a standing reproach to the wealthy schools of the East, and especially to such as are supported by the state.

PERCHLORIDE OF IRON IN THE TREATMENT OF TYPHOID FEVER.—M. E. Dinaud (Union médicale, N. Y. Medical Journal) advocates the use of the perchloride of iron, not only in diphtheria, but also in typhoid fever. In diphtheria he claims for it a specific action. Although he does not pretend that the iron is a specific in typhoid fever, he believes it to be of great efficacy, not only in adults but in children. No single remedy so tends to relieve the impoverished condition of the blood, the torpor of the stomach, and the inflammatory and ulcerative changes of the intestine that characterize the period of decline. Some patients complain that liquid perchloride of iron causes a painful sensation in the pharynx, which they compare to that of a burn. If objection is made to it on this account, the dry perchloride may be given instead. This is now to be had in the form of *dragées*, a very acceptable preparation for administration. To children a drop of the liquid, well diluted, may be given in broth or in gruel, as often as the latter is taken. The remedy should be begun at the end of the second week and continued until convalescence is complete.

ONE MEDICAL COLLEGE LESS.—The Fort Wayne Journal of the Medical Sciences states that "the medical college of Fort Wayne (Ind.) was closed out, a few days ago, by the constable selling all of the furniture and illustrations in the entire concern, to satisfy a judgment against the institution.

The Medical Record, in commenting on this statement, says: "The history of medical institutions at Fort Wayne is only a repetition of what has occurred over and over again at other places. Medical men, not content with achieving success by the quiet method of ordinary practice, desire to be professors; and thereupon they organize a school. The institution cannot take in all the ambitious doctors in town, therefore discontent and jealousy ensue. A rival college is organized, good feeling is disturbed, bitterness and quarreling arise, and the harmony of the profession is broken. Now, is all this necessary for the sake of crudely educating a few medical students? We think not."

THE DIGESTION OF STARCH BY INFANTS.—In the proceedings of a meeting of the College of Physicians of Philadelphia (Obstetric Gazette) appears an interesting paper on this subject by Dr. J. M. Keating, based on experiments made at the Philadelphia Hospital. The following are the conclusions:

The saliva of some infants possesses the property of converting starch into glucose regardless of age.

The age of the infants cannot be taken as an indication of this property of its saliva.

When such a condition is found to exist a small quantity of well-prepared farinaceous food is valuable as an element in the diet, incorporated with mixed cow's milk.

An examination of the stools of children so fed, would be a guide as to the quantity of starchy food to be used, and when farinaceous food is employed slow feeding is probably preferable to the bottle.

A HOMŒOPATHIC CURE.—Midland Medical Miscellany: The Homœopathic World reports a case of ulcer of the cornea ("perforating," according to the reporter) cured by a single dose of silicea 50m (T. C.). We are not well versed in this phraseology, but we are given to understand that this was a small dose, being a "50,000th centesimal attenuation"; also farther on (in riddle form) we are asked: "If the 30th T. C. corresponds to the decillionth of a grain, minim, or drop—and it does—what does the 50,000th correspond to?" We don't know, but we believe in this cure; and, with the caution that "silicea corresponds to the right eye and sulphur to the left," we commend this treatment to such of our readers as have a sufficiently robust faith to swallow it.

FATAL EFFECT OF EXTERNAL USE OF BORACIC ACID.—A case reported by Dr. L. D. Brose, in the Medical News, is calculated to admonish to greater caution than has been customary in the use of boracic acid, a drug which has not been generally suspected of the capability of causing untoward effects. The acid was dusted on an ulcerated surface. The symptoms were diarrhœa, vomiting, a cold, clammy perspiration, frequent micturition and hiccough. Death occurred from asthenia. On a *post mortem* the right ventricle of the heart revealed a large clot, portions of which were *ante mortem* in character. The stomach presented evidences of congestion, and there were several points of erosion. The intestines were deeply congested and inflamed. The liver was enlarged, congested and softened.

HEALTH APHORISMS.—Dr. Frank H. Hamilton has formulated the following solid chunks of wisdom:

The lives of most men are in their own hands, and as a rule the just verdict after death would be *felo de se*.

Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose.

Mold and decaying vegetables in a cellar weave shrouds for the upper chambers.

A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

Calisthenics may be very genteel, and romping very ungenteel, but one is the shadow, the other the substance of healthful exercise.

Blessed be he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

Milk drawn from a woman who sits in-doors and

drinks whisky and beer is certainly as unwholesome as milk from a distillery-fed cow.

Dirt, debauchery, disease and death are successive links in the same chain.

HYPOSULPHITE OF SODA AS A DISINFECTANT — Dr. W. E. Buck gives his experience with the hyposulphite of soda as a disinfectant in cancerous ulcers. He resorted to it with success after the use of carbolic acid, boroglyceride, chloride of zinc, charcoal, resorcin, etc., had failed. His method is to use a saturated solution with which he first cleanses thoroughly the surface, and which he afterwards applies by means of rags steeped in it. While most other disinfectants lose their property after a few days' application he has employed the hyposulphite of soda for months with continuous good effects. It is cleanly, has no smell, does not stain, and is cheap.

PILLS FOR CATARRH.—The following formula is stated by M. T. Vigier (New Remedies) to be successful in catarrhal affections:

℞ Picis liquidæ,.....
Benzoini.....
Pulv. ipecac et opii.....ää gr. xv.

M. Make into ten pills. Take one three times a day, between meals.

The following interesting extracts are from the Transactions of the Michigan State Medical Society for 1883: "I simply wanted to say—" "Order, order." "I don't want this thing choked down in this way." "I rise to a question of order." "I made no such statement." 'I hope Dr. ——— is not going to occupy the floor all the afternoon." "I know Dr. ——— would like to be on the floor most of the time." "I think I have the floor." "I think I know my rights." "I rise to a point of order." "Doctor, sit down, please; you embarrass me." "I call Dr. ——— to order." "I rise to a point of order." "Order, order." "That is not true." In the language of the gentleman who was brought home from Donnybrook fair, "Shure it was altogether an ilegant time they did bees having at Kalamazoo!"

Starting out some eighteen years ago as a monthly the journal which is now known as Gaillard's Medical Journal has under a variety of names been at different times a monthly, a semi-monthly and a weekly. It has now started off again as a monthly, and its leading editorial in the first number of the new deal is devoted to the reasons which have induced the return to the original plan. We shall not criticize these reasons further than to say that they are illogical in the extreme. Our chief regret at the change will lie in the fact that the visits of the welcome guest will now be too far apart. Dr. Gaillard is one of our oldest medical editors in continuous service, and his efforts are far removed from the amateur nature of those which characterize some of our very pretentious periodicals.

The Second Annual Announcement of the New York Post-Graduate Medical School, 213—215 East Twenty third street, has been received. Its perusal is convincing of the fact that this is a school especially adapted to the wants of the physician who may require to "brush up." None but graduates are admitted and the course is purely practical. It had one hundred students in attendance last session. It calls these "matriculants." We presume this to be a typographical error, for surely the eminent literati whose names we notice on the faculty staff, would not sanction the use of "matriculants." "Matriculates" is evidently what is intended.

A Brooklyn druggist's clerk was much annoyed by mischievous boys who after he had retired would ring his night bell, and when he came to the door would jeer at him and run away. After several such disturbances one night he armed himself with a club and laid in wait. Soon his bell rang again and after a short interval it rang once more with greater vehemence. Gently opening the door the clerk rushed out and delt the ringer several severe blows, with serious results. It happened, however, that the victim was not a bad boy but a good one who had a prescription which he wished to have filled. The injured boy had sought legal redress.

A reporter of a New York paper happened into a Chinese medicine man's store just as a patient was being prescribed for. "What did you give that man?" he asked of the "doctor." "Man he heap sickee," was the reply. "Been heap dlunk, 'cause he hear him mlother-'n-law die in China. Him heap glad. Give um mandlake, give um lubarb, give um shlimp and little bit dlied snake; makee eat plenty glub. Me good dloctor. You likee some medcline?"

Dr. Duncan McLeod formerly adjunct Professor of Institutes of Medicine, Materia Medica and Therapeutics in the Michigan College of Medicine, delivered the spring course of lectures so acceptably that the trustees of that institution have promoted him to the vacancy caused by the withdrawal from the school of Dr. J. J. Mulheron. We regret to learn that the state of Dr. McLeod's health may for a time interfere with the complete discharge of his new duties; we sincerely hope for his speedy recovery.

The following is probably the most thoroughly drastic effect ever produced by a medicine: The professor bowed courteously to the lady whom he had seen the night before on her debarkation from the ocean steamer, and for whom he had ordered a compound cathartic pill: "What sort of a passage did you have, madam?" "Perfectly beautiful, doctor," replied madam, "passed two schooners and a sloop."

A writer in the Medical Record signs himself "Captain R. W. Shufeldt, Medical Corps, U. S. Army." Is the ancient and honorable prefix "Dr." or suffix "M. D." falling into disrepute in the army?

The Atlantic Journal of Medicine has been laid on our table. It is published at Richmond, Va., and is edited by Drs. Stover and Houston—new names in the editorial field, but none the less experts, if we are to judge of them by the quality of the work before us. We extend the right ☞ of fellowship and kindly welcome the gentlemen and their journal to the fold.

A correspondent of the Medical Brief, the journal having "the largest circulation of any medical journal in the world," declares that when one arm is amputated the strength which was in it is transferred to the remaining arm, and that there is thus no actual loss of strength through the loss of limb. The same rule, he says, applies to testicles.

According to Prof. Huxley, the results of Pasteur's labors, donated to the state, have already been worth $1,000,000,000. And yet a member of the Assembly opposed the recent increase of his pension to $5,000, with continuation to his widow and children, on the ground that he was selling his modified virus at the cost price of a penny a tube.

Lemon juice is said by M. Cortes, a distinguished Parisian microscopist and biologist, to be destructive of certain animalculæ which infest the stomach of the oyster. The gourmand's desire for lemon juice on the half-shell has, therefore, more reason for its basis than the mere tickling of the palate. Great is science!

A nickel five-cent piece is two centimetres in diameter, and weighs five grams. Five of them placed side by side measure a decimeter (the tenth of a meter) and two of them weigh a decagram (ten grams). The coin will thus serve as an aid to the conception of measurement and weight under the metric system.

Ruskin: "A strong critic is every man's adversary; men feel that he knows their foibles, and cannot conceive that he knows more. His praise, to be acceptable, must be always unqualified; his equity is an offence instead of a virtue; and the art of correction which he has learned so laboriously only fills his hearers with disgust."

New Remedies is authority for the statement that a little powdered carbonate of ammonia sprinkled where dogs are wont to commit nuisances will act as a prophylactic. The *modus operandi* of the remedy is based on the well-known fact of the preliminary canine sniff.

"Panclastite" is the name given a new explosive. Its etymological signification is "all-breaker." It is a compound of bisulphide of carbon and hyponitric acid, either of which substance taken by itself is non-explosive. "Panclastite" is said to be the most powerful explosive known, dynamite not excepted.

Mrs. Parvenu who had been restored to health under the kindly care of a female physician, resolved to present her benefactor with an appropriate "sewvenier." She accordingly went to an art store and inquired for a "statute of the Venus de medicine."

A physician, Dr. F. R. Hudson, of Hoosick Falls, N. Y., was recently shot by the husband of a woman whom he refused to attend. The wounds are reported to be of a serious nature.

The teacher of a female seminary in Philadelphia instructs her pupils touching the function of the skin, as follows: "Horses sweat, men perspire, and young ladies get in a glow."

A stalwart young female student in a Texas high school was delivered of a valedictory one day and twins the next. So, at least, says the Druggists Circular.

Count Rumford: "Virtue never dwelt long with filth and nastiness, nor do I believe there ever was a person scrupulously attentive to cleanliness who was a consummate villain."

Transactions of the Michigan State Medical Society for the Year 1883. George E. Ranney, M. D., Lansing, Secretary.

The Annual meeting of the Michigan State Medical Society was held on May 9th and 10th, and the published transactions before us were received three and a half months subsequently. While this is somewhat more expeditious than has formerly been the case, there is still manifest room for improvement in this regard. We can conceive no plausible reason why these transactions should not be in the hands of members within thirty days after the date of the meeting of which they are a record.

A much larger space than usual is occupied by the Recording Secretary's minutes, 64 pp. of the 140 pp. being devoted to this purpose. The extra amount of space was made necessary by the reproduction of what is evidently a stenographer's report of a wrangle on the question of admitting to membership in the society, a number of gentlemen whom it was suspected were present for participation in other than the purely scientific work of the society, and by an unseemly discussion on the President's address.

In our opinion it would have been more to the credit of the profession of this state had a report of these wrangles not been published. They may have been quite proper to those who listened and took part in them, and thus had them warm, but such things are very insipid, if not nauseating, when they are dished up cold.

The papers published are (1) the President's address. After the customary generalities the address discusses briefly the subject of preventive medicine and the relations which the profession should legitimately occupy towards it. While conceding it to be as much the office of the physician to prevent as it is to cure disease, it regards the time when the former function will be regarded as coëqual in im-

portance with the latter, as somewhat indefinitely in the future. The address then proceeds to discuss the question of supply and demand as it touches the number of doctors. It regards the market as overstocked. In Michigan the supply is 2924 for a population of 1,636,937 as per the census of 1880. This gives one doctor for every 559 people, which is an increase from one to every 619, or over 26 per cent., since the state census of 1874. The cause of this glut is traced to the medical colleges and the medical department of the University of Michigan is singled out to point the President's moral. That institution is charged with alluring, through its cheapening of a professional education, young men who would otherwise remain in spheres in which they would be more useful. The medical department of the University, moreover, in order to secure clinical material donates, its services to all regardless of the question of their ability or inability to pay. By thus doing it directly injures the medical profession who are taxed for its support. The unequivocal language in which the address arraigns the institution created a decided sensation.

The papers published are a report of a case of Sanguineous Tumor of the Scalp, by Dr. Wm. Brodie, of Detroit. The particular feature of this case was the means of diagnosis employed. An aneurismal tumor was suspected, a distiuct bruit being heard synchronous with the heart-beat. To verify this suspicion a bistoury was passed into the tumor "when the blood poured out *per saltum*." The wound was closed and on the second day a violent attack of erysipelas set in, which came near proving fatal.

The other papers are one by Dr. C. J. Lundy, containing some Clinical Notes on Errors of Refraction; Dr. Smart, on a Case of Foreign Body in the Ear with an Unusual History; Dr. Eugene Smith, on Ulcers of the Cornea; Dr. Henry J. Reynolds, on Ætiology of Urethral Inflammation; Dr. H. B. Baker, on Epidemic Waves of Diphtheria; Thomas N. Reynolds, on Timely Catharsis; Julius A. Post, on Water and its Relation to Health and Disease; and a "pome" by Dr. E. B. Ward, closes the volume.

On the whole the Transactions for 1883 cannot be said to shed great glory on the profession of this state from a scientific point of view. But there are some who do not think that the highest object of the annual meetings of the society is science. The sentiments of such may be said to be embodied in the language of Dr. Brodie, who, as everybody knows, generally manages to enjoy himself as well as to entertain others on such occasions. The Transactions report the doctor as saying: "This meeting, though perhaps not pregnant with as much science as former meetings, has been nevertheless profitable. We see too much science. We get to be tired and sick of it. We have a double object in view in these little meetiugs. They are not purely scientific, nor purely social. I like to come here and meet my old friends, and have a little spar with them, too. It don't hurt my feelings a bit. I have enjoyed the meeting very much, indeed." If a sufficient absence of such science as causes sickness and fatigue, and a sufficient presence of the "science" which keeps the boys stirred up, are what make successful meetings of our State Medical Society, the late meeting at Kalamazoo (a very appropriate place for such meetings, by the way) must be voted a great success. If it was at all "pregnant with science," the pregnancy was of the molar variety; the parturition was certainly characterized by a *ridiculus mus(s)*.

A Practical Treatise on Impotence, Sterility and Allied Disorders. By Samuel W. Gross, A. M., M. D., Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College of Philadelphia; Formerly President of the Pathological Society of Philadelphia; Author of a Practical Treatise on Tumors of the Mammary Gland; Fellow of and formerly Mütter Lecturer on Surgical Pathology in the College of Physicians of Philadelphia; Fellow of the Academy of Surgery of Philadelphia, etc, etc. Second edition, thoroughly revised. With sixteen illustrations. Price $1.50.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

The rapid exhaustion of the first edition of this work but confirms the suspicion of every general practitioner, that the literature on the important subject of which it treats was previously very unsatisfactory. Impotence, sterility and allied disorders, real and imaginary, of the male sexual organs, furnish one of the richest mines for the exploitations of unprincipled medical mountebanks. When the fear of impotency seizes a man at a period of life when he knows he should be in the prime of his virility, money becomes to him a thing of small moment when set over against the hope of cure. It is useless to attempt, by ridicule or argument, to convince him that his inability to perform in the most successful manner the procreative act, is due to psychical rather than physical causes. The honest physician who attempts it but drives his patient with his dollars to the mountebank. His attempts to belittle the patient's fears are only interpreted as evidences of his ignorance of the disease which is to the patient a fact, which neither ridicule nor argument can eradicate from his mind, where it most frequently alone exists. These patients require close attention, the appearance of studious consideration of their cases by the physician, and some medicine.

But impotency, spermatorrhœa, etc., are also, not infrequently, facts having their existence outside of the imagination, and it behooves the physician to be able to determine whether in a given case they are real or imaginary. In the work before us the diagnosis is fully discussed, as are also the means of treatment in all curable cases. The influence of reflex disturbances on the genito-spinal centre and the effect of lesions of the prostatic portion of the urethra on their causation, are regarded by the author as the basis of a more rational and simple treatment of these cases than generally obtains.

In the author's experience non-fertile unions are

duc in one case out of six to defect on the part of the male, and he, therefore, insists on the necessity of subjecting the husband to a proper examination before shouldering the responsibility on the wife.

We are familiar with no brochure an investment in which would be likely to prove more profitable than the purchase of the one before us.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS. By D. W. Cathell, M. D., Late Professor of Pathology in the College of Physicians and Surgeons of Baltimore. Third edition. Price $1.25. Baltimore: Cushings & Bailey, 262 W. Baltimore street.

The edition of the book before us is the third which has been issued since its first appearance, only a little over a year ago. Such success is phenomenal and is the strongest possible testimonial to its worth. We have nothing to add to or to take from our unequivocal endorsements of the book as it has appeared in the two previous editions. It is preeminently a book for the physician who is ready to concede that success in practice is not solely conditioned on knowledge of medicine.

"The Physician Himself' does not say a word about diseases or their treatment, but does tell how to honorably get patients to treat, and also tells, in a plain, business like manner, what a physician must add to book-learning and college wisdom in general to make his success in life more certain, more rapid and more complete; besides telling what course professional tact and business sagacity dictate in almost every possible dilemma. The young and the old, the dull and the wise, will each find in it a feast of practical wisdom, worth many times the price of the book."

It is a handsomely bound octavo volume, 208 pages, pica type, green cloth cover, with polished red edges.

OUTLINE DIAGRAMS OF THE EAR FOR THE PICTORIAL RECORD of Diseases of this Organ and its Connections. For the Use of Practitioners, Students and Clinical Assistants. Cincinnati: A. E. Wilde & Co.

"These diagrams are intended to furnish outlines which students and practitioners may use to *draw in* abnormal conditions found in the auditory apparatus." By their use the location of affections of the auditory apparatus may be illustrated after they have been located. They are principally valuable, we should judge, as a means of keeping a record of cases and as such will be principally useful to the specialist in otology.

Facial Erysipelas, its Resemblance to the Exanthems.

BY J. S. CAULKINS, M. D., THORNEVILLE, MICH.

Facial erysipelas has some analogies with the exanthems which are close enough to make it probable that it really belongs to that class of diseases. The subjoined minutes of some recent cases will seem to sustain this statement:

Case 1.—J. S. B., æt. 70; occupation, farmer; nationality, Scotch; habits those of a confirmed smoker and moderate drinker; was attacked, after exposure to severe cold on the evening of March 20th last, with a chill which lasted all night and was followed by fever. He was not seen by any physician till the morning of the 22d, at which time he had a temperature of 104.5°, some soreness of the throat, with great thirst and pain in the head. The case, though evidently one of severity, was obscure, nor was it any clearer the next day, but on the evening of that day soreness and swelling began at the tip of the nose, and the following morning the diagnosis of facial erysipelas was sufficiently plain. The beginning of the local trouble had been attended with a marked amelioration of the constitutional symptoms, the pain and thirst being much abated and temperature decreased.

It is here that the first analogy of the disease to the exanthems is to be noticed, the resemblance being closest to small-pox; the preliminary fever of three days' duration, abating on the appearance of the eruption, being the same in both cases. It is not probable that the most skillful and careful observer could, previous to the coming out of the eruption, have diagnosed the disease or shown that it would not turn out to be a case of some other essential fever.

After the inflammation began in the nose it spread for four days till the head and neck were completely covered. It then stopped running, the temperature declined and there was a prospect that the active stage of the disease was over, but after a two days' lull it rekindled itself and ran for two days longer, spreading over the right shoulder and breast and finally stopping there. The intensity of the inflammation killed the tissues below the skin, and the subsequent history of the case, which ended in recovery, was that of a weary round of poulticing, cutting for the evacuation of purulent matter, and the extraction of dead cellular tissue.

In the state of active eruption the relationship of erysipelas to the exanthems is again plainly to be seen. Like them it is a self-limited disease. There is, it must be admitted, more variability in the time limits of this stage of the disease than in the corresponding one of most other specific diseases, but this fact does not constitute a valid argument against its self limited character, for others of the class exhibit some variability; scarlet fever, in particular, has it to quite a marked extent.

Neither does the temporary lull and apparent relapse argue anything against the position, for scarlet fever has behaved that way in a case observed this summer: the morning temperature fell to 100° and then rose to 103.5° on the subsequent day, with a marked freshening, too, of the color of the eruption, which was before scarcely noticeable on the face, the observations being taken both days at the same hour of the morning. Facial erysipelas shows a strong resemblance to some of the exanthems, especially measles, in the manner of eruptiog. The breaking out travels, dying away in one place while coming out fresh somewhere else, the general

line of travel being the same in both, downwards; the difference being that measles travels in no other way but downwards, while erysipelas goes in other directions as well.

Case 2.—Andrew, son of the preceding, æt. 37, single, trade stone mason, habits very temperate, was his father's main nurse till incapacitated by catching the disease himself. When this happened he had been taking care of his father something over two weeks. The disease broke out in the same place, the tip of the nose, and was in nearly every respect a mild copy of Case 1, the exception being, that after two days lull and decline of temperature, the inflammation instead of spreading down the shoulder and breast, retraced its steps and ran twice over the face, which was a rare and anomalous circumstance.

This case shows a further reason for classing the malady with the exanthems, erysipelas being proved by it to be a contagious disease. It is highly probable that it is contagious only in the original sense of the word, by actual contact or inoculation like vaccinia. Andrew had a confirmed bad habit of rubbing and pinching the end of his nose between his thumb and fore finger, with the thumb partly inserted into the nostril, and after waiting on his father would often catch himself doing this before he had disinfected and washed his hands. The virus was undoubtedly rubbed into his nose in this way.

Some dissenters from the doctrine that erysipelas is contagious may here insist that to make it consistent, it is necessary to account for the way in which Case 1 took the contagion. There is nothing particularly forcible about that line of argument. We are not prepared to say, in our present state of knowledge, how or where the erysipelatous germ is preserved in activity, or in what way it is conveyed into the human system, and there are other diseases of unquestionably contagious nature that are in the same category. Diphtheria, scarlet fever and typhoid fever are frequently carried about and disseminated in some unknown way, but for all that it is getting rare to find a person now who will seriously deny that each and every instance of these diseases depends on a precedent case. Other critics will say "if your theory is true, erysipelas like the rest of the exanthems should give immunity against subsequent attacks." There is validity in the objection if it has fact for basis, but it will give the critics some trouble to prove this. Certainly we have all seen second attacks of erysipelas and so we have of other contagious diseases, cow-pox, for instance, in which a large percentage of re-vaccinations are successful Instances of second attacks are known among all the exanthems, not excepting measles and small-pox, the most contagions of them all. Every naturalist will tell you that generic characters are commouly found unequally developed among the species of a genus, that which is prominent in one being often quite inconspicuous in another. It would be a *reductio ad absurdum* to suppose a genus in which every species (if there were more than one in the genus) had every generic trait equally developed. Such a genus could have but one species in it. All that we can say then is, that the immunity against subsequent attacks, which seems to be a generic character of the exanthems, is in erysipelas at its minimum.

Case 3 —Was Maggie, sister-in law of the preceding, æt. 31; Scotch by birth, a very strong and healthy person, never before having had any sickness. This was not a case of the facial variety, but of erysipelas of the hand and arm, reported because of interest from the way in which it was caught.

After Andrew fell sick, his brother, Maggie's husband, came to take his place, and having one day occasion to re-open an incision behind his father's ear, to evacuate purulent matter, he took a pin from his coat, used it for that purpose, and afterwards, instead of throwing it in the stove, as he should have done, heedlessly stuck it back in his coat. He went home the next day, and while there his wife took the pin from his coat and with it dug a small sliver from the thumb of her right hand. In something like 24 hours afterwards she was seized with chills and vomiting; inflammation began at the point where the sliver-picking had been done, and spread upwards to her shoulder. She had a tedious time of it before recovery took place, as the inflammation was phegmonous and many incisions were needed to get rid of the pus. This ended the series of cases.

The above observations seem to be sufficient to warrant the conclusion that facial erysipelas has the generic characteristics of the exanthems. It resembles small-pox in its preliminary fever, measles in its manner of erupting, scarlet fever in the soreness of the throat, vaccinia in its method of propagation and liability to relapses, and all of them in being contagions and self limited. Erysipelas of the extremities may be merely septic poisoning, but the facial type is a specific disease, and like all other specific diseases must be caused by the presence of a bacterial ferment.

From the rapid progress that discovery has made in the recent past we may confidently expect that some patient and enthusiastic worker will soon stain and isolate the special bacillus or micrococcus of facial erysipelas.

The internal medication of these three cases was very simple, being merely 10 drops of tinct. ferri chlor. every four hours, and some fluid extract verat. vir. during the stage of high fever. It was thought at first very important that Case 1 should have quinia, but it was suspended for fear that it increased the determination to the head which was bad every night, and it being found that he was actually quieter without it, the use of it was never resumed. The two other cases took none of it, the treatment beginning with tincture of iron and ending with the same. Anodynes were necessary with all of them, Case 3 in particular taking large quantities.

Externally, solution of biehloride of mercury was used on all three till the inflammation stopped run-

ning, and then followed by one of pure sulphate of iron, made of the carbonate and white vitriol. The solution of corrosive sublimate is used at first strong enough to promptly detach the cuticle, applying it continuously along the running margin. After the blisters break the surface is kept wet with a weaker solution of the same for a few days, and then with the copperas solution till the crusts come off.

How much of the result is due to this method of treatment it is impossible to say, since it is always difficult to separate the *post hoc* from the *propter hoc*, or to tell in any given case whether the patient got well by the aid of, or in spite of the treatment; but, apparently, bichloride of mercury is good for erysipelas. In our present blind struggle with disease, the voice of experience seems to be the call to which it is the safest to listen; and where innumerable paths branch off, it is the best way to follow the one which we have already safely traveled. Corrosive sublimate in erysipelas has for many years been with the writer the main reliance. Sternberg's researches prove that it is preëminently *the* bacteriacide, and the time will soon come when its empirical will be replaced by a rational use, that is to say, when the theory of its origin from a bacterial ferment is found to be true.

Since the above observations were made, Fehleisen has published at Berlin the account of his discoveries and experiments in relation to erysipelas. They are, if true, startling and important. He claims to have stained and demonstrated the bacterial ferment which causes erysipelas; cultivated it on gelatin, and with the cultivate inoculated not only various rabbits, etc., but also seven human beings, reproducing in all but one the typical disease.

The bacterium is a chain micrococcus, and does not live in the capillaries or in the blood at all, but in the connective tissue of the skin and immediately below it.

The inoculation of the human subjects was considered justifiable on account of certain observations made by Hebra and others of cases where malignant disease had been favorably modified by the occurrence of erysipelas. Five of Fehleisen's cases were cancer, and two extensive lupus of the face, in one of which the inoculation failed. The report of the therapeutical effect of the inoculations is of great interest. One of the cancer cases and the case of lupus were completely cured, and another of the cancer cases benefited, the other three showed no perceptible change. Some light was thrown on the subject of immunity by the experiments, as one person was successfully re-inoculated after the lapse of a few months, showing that immunity must be limited in time or degree, or both, in erysipelas.

It is to be hoped that every student of disease, who is favorably situated to do so, will repeat Fehleisen's experiments, and if his reported results are confirmed, it must be admitted that in them medical science has received an important contribution.

Supporting Treatment and Quebracho in Capillary Bronchitis.

BY JOHN P. CORCORAN, M. D., LINDEN, MICH.

April 28, 1883, was called to see A. S., æt. 50, and to prescribe for what he called a bad cold. The following history of the case was given: The patient, a tall, plethoric individual, weighing 220 pounds, was at work a few days previously, and on quitting his labors, found himself in a profuse state of perspiration. He laid down under the shade of a tree to wait for supper and "cool off." During the evening he complained of having caught cold, and before retiring took the usual family remedies, in such cases made and provided, viz., bathing the lower extremities in warm water, hot drinks, etc. Three days afterwards he sent word that my services were required. On careful examination, I diagnosed acute bronchitis, affecting the small bronchial tubes, and prescribed pil. hydrarg., gr. x, to be followed in the morning by Seidlitz powder. Next morning found that a full evacuation had been had, but the fever remained as high as on the previous day, the temperature being 105° F., and patient complained of a racking cough, which was dry and tight, with but little expectoration, and that of a mucous character. Prescribed ipecac and squills and ordered 20 grs. of quinine to be given in four doses, each three hours apart. At my next visit found patient complaining of not being any better, and suffering from a feeling of suffocation, with cyanosis of the face and head. Prescribed

℞ Fl. ext. quebracho.....
Syr. tolu, ää.....℥ j

M. Sig. A teaspoouful every three hours, alternate.

℞ Ammonia carb.....gr. viii.
Syr. ipecac.....℥ j.

M. Sig. A teaspoonful every three hours in alternation with above.

From the first the patient's vitality seemed to be at a low ebb, and from the third day to the end quinine was given in 3-grain doses every three hours, or 24 grains daily. Carbonate of ammonia was also given in 3-grain doses, in syrup of tolu, every three hours, in alternation with the quinine, so that he would have either the quinine or ammonia every 1½ hours, the quinine being given in a tablespoonful of brandy. A goblet of egg-nog was given in portions, about twice a day.

The expectoration during the course of the disease was excessive, and a part of the time purulent, with a very fœtid odor.

The action of the quebracho in reducing the dyspnœa was very marked. Poultices of hot bran, following mustard sinapisms, were also rigidly kept up for several days, and seemed to relieve the patient very much.

My object in reporting this case was to call attention to the value of the supporting treatment in this affection and to note the property of the quebracho in the relief of dyspnœa.

The patient convalesced at the end of the fifth week, and was then ordered to take a trip to Minnesota, via the lakes and Duluth, where he now is, in the enjoyment of as perfect health as possible.

The Medical Age.

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FREE MEDICAL SERVICES AND MEDICAL COLLEGES.—It is not our purpose to consider, at this time, the truthfulness of the charge made by President Topping, at the last meeting of the Michigan State Medical Society, that "the State Medical School is a *mater familias* who gives the world a numerous progeny and then does her best to cut off and destroy their means of support." As a specification under this charge, it is declared that this school is in the habit of giving gratuitous advice to patients presenting themselves at its cliniques, and that, too, without reference to the question of the ability of such to pay for the same. Suffice it to say, on the question of the truth of the charge, that the nearest denial of it is the following quotation from a reply by Dean Palmer to the President's address: "Patients come to us; we receive and do the best we can for them, come from whatever source they may. We cannot always know their pecuniary ability. The objections of the address, if sustained, would close every hospital and abolish every clinic in the land."

Precisely. Prof. Palmer does not deny the charge of indiscriminate gratuitous advice, but has nothing to say touching its effect on the pecuniary or other interests of the profession, which is the very essence of the matter. In this regard he is but the representative of medical colleges generally. He is to be commended, however, above his kind, for his ingenuousness. His failure to quibble and his open avowal of the necessity of gratuitous advice to the existence of a college clinic, are refreshing. The same charge has, time and again, been made against other colleges, if not, indeed, against all the medical colleges of this country, but it has usually been met with an attempt at denial. It is customary for the colleges to declare that their rule is to give their gratuitous services only to the poor, and that this rule is violated only in cases of prevarication or deceit on the part of the patient. Of course it has come to be well known what such a denial amounts to, but the fact that it is made is an acknowledgment that the practice as charged is wrong. While, therefore, we may admire the ingenuousness which pleads guilty to the charge, we cannot but deplore the change of opinion on the question which permits the open confession of guilt.

We presume there are none, even among those guilty of the practice, who will deny the fact that gratuitous medical service to those able to pay for it, whether rendered by an individual or by a college, is demoralizing to the recipient, injurious to the donor and ruinous to professional interests. Any argument on this point would, therefore, be superfluous. We hope no one will seek to destroy the force of this assertion by setting up the virtue of charity as an offset. There has been a vast amount of twaddle written of the charity of the medical profession, and the vast amount of eleemosynary work which it performs is pointed to, in support of the claim that the medical profession is the peculiar repository of that virtue. Far be it from us to discountenance the gratuitous relief of sickness and suffering in the case of those on whom poverty and misfortune have cast their blight, or to deny that the medical profession has raised for itself, with lack of ostentation, a noble and enduring monument, through its labors among the worthy, and even the unworthy poor. While, however, much gratuitous work is done for sweet charity's sake, the bulk of it has no such excuse for its performance. Men to whom charity, in its proper sense, is a stranger, and who spurn poverty as though it were a crime, are most likely to be found most assiduous in hospital clinique and dis-

pensary. And for what reason? Why do they thus spend themselves in feeless service if it is not for the sole good of others? The question could only be asked by one unfamiliar with the situation; by the country practitioner, for instance, whose work is far removed from the busy haunts of men, and who is a stranger to the tricks and devices with which it is sought to woo shy fortune in the populous centres. Ambition, love of notoriety, etc., etc., the object of all of which is money, these are the chief if not the sole incentives to the bestowal of gratuitous medical service in the case of individuals. In the case of college corporations (which have, probably, not much more soul than is ascribed to corporations generally), the incentive is what it is at Ann Arbor, in Detroit, in New York and elsewhere—the necessity of securing material for clinical instruction.

But doctors are a necessity and how may we have them without colleges, and how may colleges teach without cliniques? In the words of the venerable dean of the medical department of the University of Michigan, to give gratuitous advice only to those not able to pay for it, "would be to close up every hospital and abolish every clinic in the land." We dispute this statement of Dean Palmer. That it would close up the hospital at Ann Arbor and abolish the clinic there we may not deny, but we maintain that at the populous centres a sufficiency of material could be secured for educational purposes without drawing from the class amply qualified to pay the medical laborer the hire of which he is worthy. Without any intention of being personal, moreover, we maintain that the interests of the profession and the public too, would not suffer by the "closing up" of all such colleges, wherever located, as cannot maintain themselves without deliberately robbing medical practitioners of their dues.

Large cliniques are by no means essential to successful teaching, how necessary soever they may be for display. The large amount of material collected primarily for the latter purpose at most of our colleges, is, indeed, prejudicial rather than helpful to a student, and clinical teaching has degenerated in most schools into a farce. From ten to twenty patients an hour, is the regulation grist before a medical class. What practitioner, as he respects the interests of his patients, would think of going through this number in less than two hours, and that, too, without essaying to instruct a class of students in the nature of each case? The clinical teacher who cannot occupy an average of twenty minutes in examination and interesting and profitable talk on each case which comes before his class, has missed his vocation. This statement will, we think, scarcely be disputed. This being the case wherein lies the necessity, in a large city at least, of opening wide the doors for all, regardless of their ability to pay, to come in an receive advice and even medicine, without money and without price? There are on an average from twelve to twenty professors in each medical college. These gentlemen are, with occasional exceptions, the leading practitioners of the city, having extensive clienteles and large acquaintance, and they are called upon to do a great deal of gratuitous work for worthy objects of charity. Let them supply their cliniques from these worthy recipients of their gratuitous service, and from such other interesting cases as present themselves in their practice among those who can and do pay. A little tact would enable them to draw quite largely from the latter source and especially from the male portion of their clienteles, and the children. There are certain patients who would feel flattered by the request to present themselves before a medical class. Every practitioner who has been in the habit of requesting patients from their practice to present themselves before a medical society, must have become convinced of the latter fact. The material thus collated would, moreover, be vastly more instructive than that whose acquaintance the professor first makes in the ante-room of the amphitheatre. It has been previously studied, and by its use there would be less liability to the occurrence of those blunders in diagnosis which advanced students not unfrequently detect, and which correspondingly lower the professor in their estimation.

We would respectfully submit these views to the consideration of clinical teachers, and we predict for the medical school which adopts them a very profitable sympathy and support from the profession, from whom the present practice, so ruinous to professional interests, must sooner or later meet with very practical evidence of dissent.

THE TREATMENT AND CURABILITY OF CHRONIC UTERINE CATARRH.—There are few affections which so tax the patience and ingenuity of the general practitioner as chronic uterine catarrh, and any information touching it, from an authoritative source, will be received with an interest which attaches to that bearing on few other diseases. On this account we give the following from a paper read by Dr. Paul F. Mundé before the N. Y. Academy of Medicine, and reproduced in the American Journal of Obstetrics. Dr. Mundé refers to the impression which prevails, and is largely based on the opinions of eminent gynæcologists, of the intractability and incurability of the affection. While he does not endorse these opinions, he insists on the necessity of great perseverance in the use of the therapeutic means employed.

Before discussing the question of treatment, he refers to the significance of the disease. It is a cause of sterility, conception very rarely occurring while it exists, the mucous plug acting as a barrier to the ingress of the spermatozoa-bearing fluid. It is a cause of excessive mucous discharge and menorrhagia, and thus induces general anæmia and neurasthenia.

The significance of this disease varies according as it occurs in the virgin, in the married nullipara, or in a woman who has borne children. In the

nulliparous married woman, it may oftentimes be difficult to understand the reason for this sterility. In this cases, the following condition of affairs obtains: The narrow external os usually entails a retention of normal cervical discharge; this retention gradually produces dilatation of the cervical canal, and the accompanying retention causes hypersecretion until the cervix assumes a bulbous shape, and its cavity is filled with thick, viscid, discolored mucus. When the external os is dilated by the passage of the sound, and the cervix is compressed by the examining finger, mucus gushes out in a thick stream; the sound easily detects the presence of a large cavity within the narrow external os. This is not at all unfrequent, and is as unfailing a cause of sterility as it is curable by prompt and proper treatment.

As regards treatment, Dr. Mundé began by saying that it was utterly useless to expect to cure a chronic uterine catarrh by such mild remedies as the plain or even compound tincture of iodine, or solution of nitrate of silver, even one drachm to the ounce, or pure carbolic acid. You will certainly fail in chronic coporeal metritis, and in the cervical variety you will merely increase the discharge.

If the patient is a virgin or a nulliparous married woman, it will generally be found necessary to enlarge the external os. This is essential for two reasons. First, to give vent to accumulated endocervical mucus; second, to allow the ready application of remedies. To accomplish the first, expose the cervix through Sims' speculum—it can be imperfectly done through the ordinary cylindrical speculum—and then with a Sims' uterine knife, or a simple bistoury, or straight scissors, the anterior, posterior, and lateral lips are divided by incisions about one-fourth of an inch in depth, going completely through the mucous membrane, and making the os nearly or quite as large as the calibre of the cervical cavity. It is imperative to remove the four flaps of mucous membrane thus formed in order to prevent the speedy closure of the incisions; seize each flap with a fine tenaculum, and trim it off with curved scissors, so as to leave a funnel shaped external os. It is not necessary to perform this operation in every nulliparа. The next step is to destroy as thoroughly as possible the cervical glands which furnish annoying mucous secretion. To do this effectively, once and for all, take a sharp curette with cutting edge (Sims' or Simon's), and scrape the whole cervical canal up to the internal os, until the creaking sound tells you that the subglandular base has been reached. Do not be afraid to do this thoroughly. When the whole of the canal feels smooth, apply on a cotton-wrapped applicator, or better, a wooden or glass rod, pure nitric acid, being careful to protect the external surface of the cervix and also the vagina by packing cotton underneath. This application must be so thorough as to give the cervical canal a charred, yellow appearance, so that not even a drop of blood issues from it. In some instances, he had applied the iodized phenol (equal parts) or saturated solution of chromic acid, but he preferred the nitric acid as more efficient and scarcely more painful. The operation should be performed at the residence of the patient, and the latter kept quietly in bed for a day or two at least. Three cases of cellulitis following this really trifling operation, have induced him of late always to insist on this precaution.

While applications above the internal os are more liable to produce shock and peritonitis, those to the cervix are more frequently followed by inflammation of the pelvic cellular tissue. In spite of this danger, the severe measure (sharp curetting and nitric acid), is by far the most advisable, because it is the most effectual, and he has never as yet found it necessary to substitute the actual cautery so warmly recommended by Sims.

As for catarrh of the endometrium proper, he seldom uses a sharp curette above the internal os, except when it is for the purpose of removing vegetations or hypertrophied mucous membrane of unusual growth, or where the dull curette has not prevented a return of the disease.

An indispensable condition to the safe and complete application of caustics to the endometrium is the painlessness of the uterine canal, particularly of the uterine os. Whether the application be made to the whole of the uterine canal or to the cervix alone, it must be remembered that the more powerful the caustic the longer the time before the slough separates. That of nitric acid usually takes from five or seven days; iodized phenol or pure carbolic acid, three to four days; tincture of iodine, two days. Not until the slough has separated should a second application of a mild nature be made. It should be remembered, however, that as long as constant applications of caustic are made to a raw service it cannot heal. Hence it is well after a couple of weeks of steady treatment, to allow the patient a week's rest in order to give nature a chance to heal the wound; if then she fails, we can begin again, and perhaps a third or fourth time.

The cases he had found the most amenable to treatment, and most favorable for a permanent cure, were those in which the uterine catarrh is chiefly maintained by a narrow external os or internal os, or where a laceration of the cervix and a consequent hyperplasia of the follicles is present. The most obstinate are those cases of catarrhal endometritis and endocervicitis in which the external and internal orifices are anatomically normal, and no special hyperplasia of the os or mucous membrane can be detected. In these cases permanent relief seems hopeless. The intelligent specialist and general practitioner need scarcely be told that accompanying anæmia must receive proper attention, and active hyperæmia of the sexual organs should be prevented by abstinence from sexual congress during the local treatment described.

Recent Views Touching the Pathology of Asthma.—Professor Riegel, of Giessen, (the author

of the article on Asthma in Ziemssen's Cyclopœdia) has recently communicated through the Zeitschrift für Klinische Medicin the results of certain experiments made on dogs, undertaken with a view to testing existing views touching the etiology and pathology of asthma. They are exceedingly interesting.

In approaching the consideration of the pathology of asthma, Professor Riegel was met by several distinct questions which are still more or less imperfectly settled. The first of these questions manifestly is, is there really such a function in the bronchial muscles as active contraction, suffieient to affect the calibre of the tubes and to modify the pressure of the air within the lungs? Very different have been the answers given to this question by different physiologists—for we must be careful to notice that this is but a matter of physiology, and not of clinical medicine. Professor Riegel's results are entirely in accordance with the accumulating evidence of the work of recent, as well as of some of the older and most distinguished, observers—namely, that irritation of the bronchial muscles does raise the pressure within the lungs, and that this irritation may be induced through the medium of the vagus. This point having been settled, the next question was whether stimulation of the vagus caused acute dilatation of the lungs, such as is seen in asthmatical seizures; and this question, also, Professor Riegel was able to settle in the affirmative, the pulmonary area enlarging rapidly when the vagus was galvanized in the neck (in dogs), remaining large during the continuance of the stimulus, and slowly returning to its normal dimensions when the irritation was removed. Nothing could have been more easy, or indeed more natural, than to conclude after these two series of experiments that the pathology of bronchial asthma was practically settled; that this disorder is essentially a neurosis of the vagus, the dyspnœa due to bronchial spasm and the pulmonary dilatation being the direct results of irritation of the great nerve of respiration. Professor Riegel was too cautious, however, to rush to this conclusion, and his next set of observations showed the wisdom of his hesitation; for they distinctly proved that whilst irritation of the vagus unquestionable produces the phenomena of asthma, it does not do so by causing spasm of the bronchi. No doubt, as his just been shown, spasm of the bronchi is a result of irritation of the vagus; but there is a much more important, because much greater or more extensive, cause at work than this.

The turning point in the investigation was the discovery that irritation of the vagus causes the phenomena of asthma, not by acting peripherally—that is, through the branches to the bronchi—but by influencing the central extremity of the nerve, that is, the medulla, and so (reflexly) the muscles of respiration. When the central end of the divided vagus of the left side was faradised, and the other vagus cut, the same asthmatic phenomena were produced; the reflex, therefore, did not occur through the bronchial nerves, but by the respiratory nerves to the diaphragm and intercostals. That this was the case was completely proved by section of the phrenics before irritation of the vagus, for the phenomena of asthma were then entirely absent. An altogether unexpected result was thus reached, namely, that asthmatical phenomena may be produced reflexly through the vagus, and that the principal portion of the effect is a sudden inspiratory depression of the diaphragm, followed by its continued tonic contraction. It would thus appear that the theory of asthma, which represents the disorder as essentially one of bronchial spasm, must be given up. There can be no doubt that irritation of the vagus does cause bronchial spasm and moderate dilatation of the lungs, but this effect has always been regarded as much too insignificant to account for the symptoms of the disorder as clinically observed; and now that it appears to have been satisfactorily proved that besides this peripheral effect there is a reflex effect of incomparably greater importance, there is no reason why the theory of bronchial spasm should be any longer maintained.

Two very obvious objections to the view first stated are anticipated by Professor Riegel. Can it be possible, in the first place, that the diaphragm may remain so long in a state of contraction as to cause the protracted dyspnœa familar in many cases of asthma? There is no evidence to the contrary; and in the course of these experiment on dogs the diaphragm was actually seen to remain in a condition of contraction for ten minutes without producing asphyxia. Besides, the same objection might apply to the muscles of the bronchi. Again, it is a clinical fact that whilst the inferior lung-border is low in an attack of asthma, it moves in respiration. Is this fact compatible with spasm of the diaphragm? As a matter of fact it is: whether the phrenic be directly or indirectly stimulated, and the diaphragm thrown into inspiratory spasm, the lung-border moves slightly in respiration.

Lastly, Professor Riegel cautions us against coming to the hasty conclusion that we have now settled the pathology of bronchial asthma. Spasm of the diaphragm may explain some of the phenomena of the seizure, but it certainly will not explain all. For himself, he still holds that there may be vaso-motor disturbance and hyperæmia of the bronchi, along with spasm. Still, spasm there is, and the present investigation shows that it is chiefly a spasm of the diaphragm.

COHOTHEDRA COMPOUND — WHAT IS IT?—Our readers were, doubtless, struck by the tone and general style of the communication by Dr. J. O. Davy, of Springfield, Ohio, which we reproduced from the Medical Record in our issue of 10th ult., in reply to our remarks on the curability of typhoid fever. There was a very decided soupçon of ulterior motive in it, but it was probably not generally suspected that the gentleman was utilizing the pages of a reputable medical journal for the advertisement of

a quack nostrum. We have received numerous inquiries in regard to "cohothedra," which Dr. Davy states "is indigenous to the United States, flowering in July, and is perennial," and which is the alleged basis of the wonderful compound which it is claimed accomplishes what it has heretofore failed medicine to accomplish, viz., the abortion of typhoid fever. We have been unable to throw any light on the identity of this drug, and fail to find any reference to it in either pharmacopœia, dispensatory or standard works on botany. A correspondent of the Medical Record, Dr. E. R. Young, of New York city, who had also searched the books in vain, wrote directly to Dr. Davy for information touching his wonderful remedy. The reply which he received has revealed the true inwardness of this whole matter, and shows that our esteemed contemporary and ourselves have been unwittingly made the dupes of a patent-medicine sharp, whose nostrum has received such prominent gratuitous mention in the journals proper as would have been denied it even in their advertising department, had the true nature of the compound been known. Here is Dr. Davy's reply: "Dear Doctor—We have never given the chemical-working formula to any one. We have spent much time, hard study and money in obtaining our knowledge, and as some chemist has to prepare the compound, we thought it but right to retain the formula. Any one desiring the therapeutical knowledge and sufficient of its chemistry, so that they may handle cases of typhoid fever just as intelligently and successfully as we have done or can do, such information will be cheerfully given. The medicine will be manufactured by ——, and sold at two dollars a pint."

We have subsequently ascertained that the blank space should have been filled in by the words "Chemical Works, Springfield, Ohio," although we have not yet discovered who constitute the company, and are, therefore, not in a position to deny that Dr. Davy is a member of it.

While Dr. Davy has shown a remarkable degree of a certain kind of shrewdness in this matter, the revealing of the cloven foot, even at this late day, will place the profession on their guard.

Since the above was written we have received from Dr. F. A Duckwell, of Enon, Ohio, a pamphlet which the doctor says was handed him as he was entering the gate of the Clark County (Ohio) Fair, on the 30th ult. It is entitled "A New and Effective Treatment of that Terrible Lingering Disease, Typhoid Fever, Discovered," and is signed by "J. O. Davy, A. M., M. D., 23 East High St., Springfield, Ohio." This pamphlet declares it as its object "to inform the public that another discovery has been made in the healing art." Viewed from the standpoint of honorable medicine as it is understood by the regular profession, of which it is presumed Dr. Davy is a member, this pamphlet is one of the most questionable pieces of business to which our attention has for many years been called.

We tender our readers our sincerest apologies for having followed the Medical Record into this skillfully-set trap. The tricks and devices of the nostrum-monger are often very ingenious. It is his highest aim to reach the public through the profession, but it is very seldom he succeeds in such deliberate schemes as that conceived by Dr. Davy. We should not be at all surprised at finding in the next edition of his dodger some reference to the discussion into which he inveigled our esteemed contemporary and ourselves. Notoriety, at any cost, is the food on which such questionable schemes as his best flourish.

Glycerine in the Treatment of Acute Febrile Diseases.—Dr. Mariano Semnola, Professor at the Faculty of Medicine, Naples, has an article on this subject in Bull. Gen. de Therap., of which the following is an epitome:

In the treatment of fevers, generally speaking, we are at a loss for any curative agent capable of acting at once upon the cause and origin.

If we except quinine in the treatment of paludal fevers, we can only modify the temperature in infectious fevers by the application of cold, and calmly look on while the poison exhausts itself in the system, during which time the system itself becomes exhausted, and we must therefore recognize the importance of finding some substance capable of storing up strength, and preserving it. It is unnecessary to recall a practice already in vogue with this view in some European schools, consisting of alcohol, as the fundamental treatment of some fevers, typhus, pyæmia, and the exanthemata. The antipyretic action of alcohol is not favorably viewed here, although it has been in high repute by some of the most eminent men of the present day.

I am of opinion that the action of alcohol is simply a toxic action, as I demonstrated before the International Congress of Brussels, an action, toxic like so many other reputed antipyretics (such as digitalis, phenic acid, etc.), which poisons the patient, and those organs or tissues which are the necessary instruments of the febrile manipulation. In this way the patient combats with two poisons, the one being that of the fever proper, and the other that of digitalis or other substance prescribed, and thus he succumbs under the two more rapidly than he would under one.

The deeds and clinical records of these blind and incensed fanatics have fully proved to me their error.

In 1869 I denounced their practice, and was regarded as a blasphemous anti-progressist. I would add now for the sake of those young practitioners who allow themselves to be carried away by these dangerous utopian ideas respecting salicylic acid, phenic acid, iodoform, etc., which are the fashion of the day, that such applications are all illusions. These must either be employed in homœopathic doses, and thus imitate the prescription of a quack or charlatan, or they must be employed in propor-

tion indicated by scientific experience to destroy the infections (microbes), in which case both would be destroyed, the germs and the patient. This was well illustrated at a theatre, where the clown acting as doctor was asked a sure and efficacious remedy for headache. The answer consisted of four words: "Cut his head off." What irony for certain progressists; but what a lesson. Well, to return to the storing up of aliments. Although the use of alcohol cannot always be doubted, on the other hand it presents grave objections to its general use, by its exciting action upon the heart and brain, which sometimes renders the preëxisting condition worse, and brings about a cardiac catastrophe due to exhaustion of the heart consequent upon over-sustained excitement. This is not all. The gastric mucous membrane, already irritated, is made more so by the alcohol, and the digestion materially impaired. In consequence of this I have entirely abandoned it in my practice, and I have searched elsewhere for a substance that might answer the same purpose without any of its drawbacks. I selected glycerine for this, because I considered its chemical constitution warranted the supposition that as a substitute for alcohol it would afford to patients a better resistance against the exhausting action of the fever; my anticipations were soon crowned with excellent results.

I use glycerine diluted with water in the proportion of, glycerine, 30 grammes; citric acid, 2 grammes; water, 500 grammes; or lemon juice to flavor; mix. Of this I give about an ounce every hour.

My rule for beginning its use is when the temperature reaches 104 Fahr.

Some time after the glycerine has been taken the quantity of urea diminishes, in two cases to the quantity of 10 grammes (ʒ iiss) in the 24 hours, but generally only to that of 6 or 7 grammes. Upon the suspension of glycerine, the urea immediately increases in amount.

Wood-Wool, a New Surgical Dressing.—The reign of carbolic acid may be said to be over, and there are numerous aspirants to the proud position in which the deposed monarch so long held undisputed sway. We have taken occasion to lay before our readers, from time to time, the claims of these aspirants or actual usurpers, prominent among which are corrosive sublimate, boracic acid, iodoform and subnitrate of bismuth. The chief obstacle to the use of these has been a vehicle for their application. Glass-wool, ashes, sand, etc., have been employed, but none of them have been completely satisfactory, and the demand for a substance for permanent dressings continues. The latest substance for this purpose is "wood-wool" (Holzwolle), introduced by Professor Bruns, of Tübingen. It is finely ground wood, such as is extensively used in the manufacture of paper—a clean-looking, delicate fibred, soft, yellowish-white substance, having the odor of fresh wood and being capable of absorbing a large quantity of liquid. The *Pinus picea* is the best wood for the purpose. The wood-wool thus procured is first pressed, passed through a sieve, then dried and impregnated with a solution containing half per cent. of corrosive sublimate and 10 per cent. of glycerine. This dressing is cleanly, comfortable and very cheap. It possesses some antiseptic properties naturally, has an agreeable odor, and is exceedingly elastic, even in thin layers, so that bandages can be put on more lightly with this than with any other dressing. Its absorbent properties are so high that it takes up twelve times its own weight of water, so that ten grms. of well dried wood-wool after complete saturation attain a weight of 130 grms.

Dr. Bruns claims that high absorbent qualities in surgical dressings are of vast importance, "as primary wound healing takes place the more readily, the more completely the discharges are conducted from the wound—the drier the wound and its vicinity are kept—as it is under these circumstances that decomposition processes are most securely excluded. If the dressing has absorbed the secretions of the first few days, the evaporation and drying up of the contained moisture should be permitted; then, as the discharge from the wound diminishes, the dressing, now dry, can remain a considerable time as a permanent one. With this object in view, it is indispensable to omit the occlusive layer of the typical Listerian dressing, as the drying of the dressing is prevented by it. With the same object in view I prefer the covering of the wound with glass-wool, in place of the protective, as under this the suture line is of necessity kept moist."

In his own clinic the mode of dressing is exceedingly simple. After the wound has been disinfected by copious irrigation with a one per-cent. (.1 per cent. ?) solution of sublimate, and the drainage tubes have been placed in, the suture line is covered with a layer of glass-wool. Upon this is placed a sufficient quantity of wood-wool, either simply wrapped in sublimate gauze or sewed up in the form of a pillow. The latter form is preferred for hospital use. He considers it best then first to place on the wound a small pillow, then a larger one that will widely overlap this in all directions. These are to be fastened on by a firm binder. He summarizes the results obtained by him with this dressing between the dates November 1, 1882, to March 15, 1883. One hundred and eighty considerable operations and wounds were treated with sublimate antisepsis, the majority with wood-wool. In the case of those treated with wood-wool the first dressing, with few exceptions, remained from one to four weeks untouched. Occasionally patches of moisture were visible on the dressing on the earlier days, but within a short time these became dry and remained so, and when the dressings were changed the wounds, without exception, were absolutely dry and free from irritation. With the exception of one case of erysipelas, no complication was observed throughout.

A Doctor's Diploma in Court.—The following, from the Presbyterian Observer, is said to be a report of an address to the jury of a farmer whom a doctor had sued for services. The late Alexander H. Stephens was attorney for the defense and Robert Toombs for the plaintiff. After the latter's case had been presented, it appeared so plain that Mr. Stephens advised his client to pay up, and refused to address the jury. The defendant, however, declined to follow this advice, and requesting the privilege of himself addressing the jury, was allowed to do so, and this is the way he did it:

"Gentlemen of the Jury, you and I is plain farmers, and if we don't stick together these ere lawyers and doctors will take advantage of us. I ain't no lawyer or doctor, and I ain't no objections to them in their proper place, but they ain't farmers, gentlemen of the jury. Now this man, Royston, was no doctor, and I went for him to come and doctor my wife's sore leg, and he came and put some salve truck on to it, and some rags, but never done it a bit of good. Gentlemen of the jury, I don't believe he is a doctor any way There is doctors as is doctors, sure enough, but this man don't earn his money, and if you send for him, as Mrs. Sarah Atkinson did for a negro boy as was worth $1,000, he just kills him and wants you to pay it."

"I don't," thundered the doctor.

"Did you cure him?" asked Peter, with the slow accents of a judge with a black cap on. The doctor was silent, and Peter proceeded:

"As I was saying, gentlemen of the jury, we farmers, when we sell our cotton, has just got to give vally for the money we ask, and doctor's ain't none to good to be put to the same rule. And I don't believe this ere Sam. Royston is a doctor no how."

"Look at my diploma, if you think I am no doctor."

"His diploma!" exclaimed the orator, with great contempt. "His diploma! Gentlemen, this is a big word for printed sheepskin, and it don't make no doctor of the sheep as first wore it; nor does it of the man as now carries it; a good newspaper has more in it, and I pint out to ye that he ain't no doctor at all." The doctor was now in a fury, and screamed out:

"Ask my patients if I am not a doctor."

"I asked my wife," retorted Peter. "She said she thought he was not."

"Ask my other patients," said the doctor.

This seemed to be the straw that broke the camel's back; for Peter replied with look and tone of unutterable sadness: "That is a hard saying, gentleman of the jury, and one that requires me to die, or to have powers as I have hearn tell ceased to be exercised since the Apostles. Does he expect me to bring the angel Gabriel down to toot his horn before his time, and cry aloud, 'Awake, ye dead, and and tell this court and jury your opinion of Sam. Royston's practice?'

Am I to go to the lonely churchyard and rap on the silent tomb, and say to um as is at last at rest from physic and doctor's bills. 'Get up here, you, and state if you died a natural death, or was you hurried up some by doctors.' He says ask his patients, and gentlemen of the jury, *they are all dead!* Where is Mrs. Beasley's man, Sam? Go ask the worms in the graveyard, where he lies. Mr. Peak's woman, Sarah, was attended by him, and the funeral was appointed, and he, the doctor, had the corpse ready. Where is the likely Bill, as belonged to Mr. Mitchell? Now in glory, expressing his opinion of Royston's doctoring. Where is that baby gal of Harry Stephens? She is where doctors cease to trouble and the infants are at rest. Gentlemen, he has eaten chicken enough at my house to pay for this salve. I found the rags, and I don't suppose he charges for making her worse, and even he don't pretend to charge for curing her, and I am humbly thankful he never gave her nothing for her inwards, as he did his other patients, for something made them all die mighty sudden "

The applause was great, and it is needless to say the doctor lost and Peter won.

Poisonous Ice-Cream.—Truly there's a poison-drop in man's purest cup. Death lurks in nooks we know not of, and anon in its rapacity claims its victims. The latest ambuscade which has been revealed is the innocent-looking and seductive ice-cream, that prominent feature of social gatherings and church festivals, without which these affairs would be stale, flat and unprofitable.

According to Home Health about two hundred people who attended a church festival at Joliet, Illinois, were taken after eating ice cream with diarrhœa, vomiting, painful cramps and considerable prostration, although, fortunately, these symptoms were not the forerunners of any serious or fatal consequences. The symptoms were so similar to those caused by tartar emetic, that the local profession gave it as their opinion that this drug had, accidentally or otherwise, been added to the cream. A sample of the lot partaken of was taken in charge by the authoritics and sent to Dr. Chas. B. Gibson, chemist to the College of Physicians and Surgeons, of Chicago, for analysis. Dr. Gibson found no antimony, and thus allayed the suspicion of foul play. He, however, detected ptomaines, alkaloids which are formed in the first stages of the decomposition of animal matter, but which disappear or are destroyed by further decomposition.

The process of making the cream in question was favorable to the development of ptomaines. It appears that after the cream had been collected, it stood three or four hours, when it was subjected to heat, then stood a few hours longer before the freezing. Some of the cream contained the germ which has the power of starting the process of decomposition, and forming the ptomaines. The boiling process put a stop to further decomposition, and thus fixed the poisonous alkaloids, for they could not then be destroyed

by further decomposition, and boiling and freezing is not able to destroy them.

Milk, above all other articles of food, is liable to contain impurities from the air. It may contain, and very often does, the spores of every kind of bacterial germ, from the *tubercle bacillus*, the recognized cause of consumption, to the germ of diphtheria and other diseases. Whatever may be floating in the air is very likely to get into milk, and without doubt any sort of germ finds that milk is a very proper food medium, in which it can live and multiply its race.

The prevention of milk contamination is nearly impossible. The sort of contamination which adulterates milk simply depends upon what may happen to be in the air. The germs which cause the manufacture of ptomaines are not always in the air equally, at all times and places, but when they are, food of any kind, as well as milk, is liable to become contaminated, and then we read the account of poisoning by canned fruit or meat in families, or the poisoning of whole church festivals by ice-cream. The different methods of preserving various foods in air-tight cans, or by cold or heat, are efficient only because these methods exclude the germs of putrefaction. If fruits or meat are cooked or frozen, the germs are, perhaps, destroyed, and then if the food is inclosed in cans it is more or less protected from germs in the air.

Kairine.—This more recent addition to the list of antifebrile agents is beginning to excite some attention this side the Atlantic, and the reports of experiments with it abroad will be awaited with interest. A series of observations has been published by Paul Guttmann in the Berliner Klinische Wochenschrift. The record covers seventy-two observations on forty-two patients, comprising cases of pneumonia, measles, phthisis, typhoid fever, scarlatina, pleurisy, peritonitis, erysipelas, ague and septicæmia. The experiments were made in these cases only during fever and when it was likely to be prolonged. The drug was administered in the latter part of the morning and continued until the end of the afternoon. In the majority of the cases the temperature ranged from 39.5° C. (103° F.) to 40.5° C. (105° F.) when the drug was given.

It was shown that kairin, administered in hourly doses of one-half to one gramme (7½ to 15 grains), was soon followed by a gradual fall in the temperature of the body, so that in from three to four and a half hours after commencement, in the majority of cases, a considerable reduction had taken place, and in several the register indicated a normal body heat. By repeated doses of a gramme of the kairin the normal temperature may always be gained; this is vouched for by Filehne and Guttmann. In many patients a notable degree of perspiration was met with, especially in cases of phthisis. As the temperature falls the pulse becomes less frequent. No unpleasant symptoms were caused by the kairin, which was used freshly prepared; older specimens may give rise to cyanosis and collapse. The antipyretic action of kairin is not weakened through repeated use; each new dose is followed by the usual result. Kairin is incapable of shortening the disease or altering its phenomena. Greenish coloration of the urine appears about twelve hours after the administration of the drug, and lasts generally for about twenty-four hours. A contrast is made between the effects of quinine and those of kairin. The latter acts more rapidly, but is of shorter duration, the former is just the opposite. Kairin given in hourly doses of one gramme after the employment of three to four grammes has a more powerful and constant antifebrile effect than quinine in doses of one and a half to two grammes.

In spite of the favorable antipyretic action of kairin as indicated by these experiments, the drug should be given with caution, on account, particularly, of its depressant action on the heart. While it seems to have the promise of much value, it will become physicians to administer it tentatively until further familiarity with its properties is attained.

On Personal Precautions that may be Adopted by Medical Men whilst Attending Cases of Infectious Disease.—Dr. Charles Green makes these suggestions in the Lancet:

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary auscultation or other physical examination.
5. Stay as short a time as possible in the room.
6. Never, while in the room, swallow any saliva.
7. After leaving the sick-room, wash the hands with water containing an antiseptic.
8. Rinse out the mouth with diluted "toilet Sanitas" or Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth, and nostrils.
9. Expectorate and blow the nose immediately on leaving the sick-room.
10. Keep up the general health by good food, exercise, and temperance.
11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the Fever Hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300

cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler *in situ*. This objection is, however, a very slight one when weighed against the greatly increased safety one not only feels, but, I believe, actually possesses. I am not aware of this method having been mentioned previously; and this fact, and my desire to prevent a repetition of the late disastrous fatalities, must be my apology for bringing it before the profession.

Chronic Intestinal Catarrh.—Prof. Nothnagel (London Medical Record) at the meeting of the K. K. Ærztlicher Gesellschaft zu Wien., on May 18th, spoke on the subject of chronic intestinal catarrh, which, he said, has been little mentioned in text-books. There is also no explanation given, in physiological text-books, of the fact that healthy individuals have generally only one stool in the twenty four hours; and Nothnagel thinks that no explanation can be given, but that it is one of those arrangements, depending partly on the anatomical relations of the parts, and partly on innervation, for which we cannot account. Chronic intestinal catarrh may be considered to be present when mucus appears in the motions, although the absence of mucus must not be regarded as conclusive evidence against the existence of catarrh.

Nothnagel divides the cases of chronic intestinal catarrh into four classes: 1. Those patients who have a stool every second or third day, often produced artificially; this is the type of primary chronic catarrh of the large intestine, and depends, according to Nothnagel, on diminished anatomical activity of the ganglion-cells. 2. Cases where a stool is passed daily, but each time thin, pulpy, and mixed with mucus. 3. Cases with irregularity in the state of the bowels, sometimes constipation, sometimes diarrhœa, and sometimes an alternation between the two; the diminished activity of the nerve-cells explains the constipation, and the irritation of the feces causes eventually the diarrhœa, which may also be excited by a very small error in diet. 4. Cases with continued diarrhœa. Here, however, chronic ulceration of the bowels must be distinguished from catarrh. Where diarrhœa is present without ulceration of the large intestine, Nothnagel has always found an affection of the small intestine as well. When the food does not undergo its normal changes in the small intestine, it acts as an irritant on the mucous membrane of the colon, and causes the diarrhœa. Some patients have a stool after each meal, some after a mid-day meal only, and some after an evening meal only. Nothnagel would explain this by referring it to nervous influence.

Abernethy on Correct Living vs. Drugs.—The Medical Record reproduces an extract from the biography of the late General Dix, by his son, Morgan Dix, in which is given an account of an interview with Abernethy, whom the General had consulted for professional advice. It is gratifying to note that the common sense advice of the illustrious physician was taken in a common sense way by the distinguished patient, and that the result was a ripe and robust old age (80 years), of which the dyspeptic youth of the General scarcely gave promise. After hearing a few words of his patient's story, Abernethy cut him short as follows: "Sir, you are pretty far gone, and the wonder is you are not gone entirely. If you had consulted common sense instead of the medical faculty, you would probably have been well years ago. I can say nothing to you excepting this: You must take regular exercise, as much as you can bear without fatigne, as little medicine as possible, of the simplest kind, and this only when absolutely necessary, and a modest quantity of plain food, of the quality which you find by experience best to agree with you. No man, not even a physican, can prescribe diet for another. 'A stomach is a stomach;' and it is impossible for any one to reason with safety from his own to that of any other person. There are a few general rules which any man of common sense may learn in a week, such as this: That rich food, high seasoning, etc., are injurious. I can say no more to you, sir; you must go and cure yourself."

Delivery Prevented by an Enlarged Fœtal Spleen.—Surgeon-General Chas. R. Francis, of the British Army, reports in the Medical Press and Circular a very singular case which occurred in the practice of Dr. Webber, of Dinagepore, India: A well-formed native female, æt. 20, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired, owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was the obstacle to delivery. A guarded scalpel was introduced, and after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The placenta came away in eight hours without flooding, and the woman made a complete, though slow, recovery.

Treatment of Scrofulides in Children.—The "Journal of Cutaneous and Venereal Diseases" thus summarizes some conclusions recently published by M. Sabatier: I. The best mode of treat-

ing scrofulides of children is by scraping followed by the thermo-cautery. Scraping removes the diseased tissue, and cauterization completes the work by destroying the pathological elements which have survived the former process, and by setting up a benign and reparative inflammation. II. After every operation for scrofulide of the limbs, an air-tight dressing (*pansement par occlusion*) with strips of diachylon plaster will be found of great advantage by repressing the tendency to exuberant granulation. The sore heals more rapidly, and the resulting cicatrix is thinner and more flexible than when the usual bandages are employed. III. This kind of dressing, however, is almost impossible for application on the face and neck. IV. Local treatment of a scrofulide should always be resorted to in aid of constitutional measures. Only the former will avail to arrest a suppurating process which has lasted for several years. Without local treatment, too, the patient is liable to be more or less disfigured by the cicatrical keloids which will inevitably be produced. It is in cases of tuberculous scrofulide, against which the best-directed constitutional treatment is generally powerless, that local measures are of the greatest utility. By destroying the tubercle at the outset of their development, we effectually check the progress of the evil.

BEER VERSUS WATER.—Medical Press and Circular: Advocates of the virtues of water compared with those possessed by beer when employed as articles of diet during labor will be much chagrined at the result of a remarkable contest, waged on Friday last, with a view to determining the respective merits of the two beverages. The scene of this curious trial was a farm near Amesbury, in Wiltshire, where, under the auspices of the Church of England Temperance Society, two farmers competed against one another with a view to decide which could do the greatest amount of harvest work within a given time, one drinking beer and the other water during the contest. The arrangement was entered into at a public meeting at Salishury, when Mr. Terrell, a Wiltshire farmer, and the champion of beer, challenged Mr. Abbey, an Oxfordshire farmer, and the champion of water, to a day's labor, the stakes being £5 a side. At the end of the time "beer" was declared the winner by more than one acre, the surfaces cleared having been, by Mr. Terrell (beer), 15a. 3r. 16p.; by Mr. Abbey (water), 14a. 3r. 0p. It is, of course, to be assumed that all other circumstances were, as nearly as could be, equal on both sides, for otherwise it would hardly have occurred to the temperance advocate to suggest the competition; and this being admitted, an unmistakable victory would appear to have been secured by beer over its opponent water as a supporter of stamina during labor.

COPPER AS A PROPHYLACTIC AND CURE IN CHOLERA.—The occurrence of cholera in Egypt has revived the claims of copper to specific properties in this disease. Following the original announcement of these claims by Burq, the metallotherapist of Paris, the belief in their validity became very general, or at least it became fashionable to hold the drug possessed of these properties. Burq adduced many facts calculated to support his hypothesis, and among these was the immunity of employés in copper works during epidemics of cholera which had preceded. In the comparative absence of the disease for many years the virtues of the metal have not been canvassed. M. Bailly, however, at a recent meeting of the French Academy of Medicine vigorously combatted these claims, adducing personal testimony in refutation of the copper-prevention theory. In 1866 his practice was among the workmen employed in the manufacture of articles consisting chiefly or wholly of copper. These workmen, notwithstanding the fact that they were constitutionally "cupricized" after the requirements of Burq, were quite as liable to attack as others, and a number of them fell victims. In a similar way copper impregnation has not been found, as a result of M. Bailly's experiments, to be protective against typhoid fever or diarrhœaic seizures. His communication excited much interest in the academy and was referred to a separate committee for consideration.

The North American Review for October presents a most attractive table of contents. Senator N. P. Hill writes of "Gold and Silver as Standards of Value." In "Some Aspects of Democracy in England," A. V. Dicey makes clear to the American reader how it is that, while all the forms of monarchy and aristocracy persist in Britain, the democracy, or, in other words, public opinion, absolutely controls the action of the government. Under the title of "Coöperative Distribution," the Rev. Dr. R. Heber Newton gives an instructive historical sketch of the rise, progress and fluctuations of coöperative merchandizing in the United States during the past fifty years. Prof. W. Boyd Dawkins writes of "Early Man in America," whose mode of life and implements appear to have been identical with those of the races that cotemporaneously inhabited the Mediterranean countries, the Nile basin, and the tropical forests of India. The possibility of "Astronomical Collisions," by Prof. C. A. Young. Moncure D. Conway discourses learnedly, and at the same time most entertainingly upon the "Saint Patrick Myth." Van Buren Denslow has an article on "Board of Trade Mortality." Frederic Harrison contributes an article on "Histories of the French Revolution." Finally, the Rev. E. E. Hale presents an inventory of the volume and distribution of "Social Forces in the United States." Published at 30 Lafayette Place, New York. $5.00 a year, 50 cents a number.

MEDICAL PROVERBS.—The Midland Medical Miscellany thus happily sums up Beale's introductory considerations in his "Slight Ailments," that most readable and invaluable little book:

On attention to slight ailments. *Obsta principiis.* Take care of your pence and your pounds will take care of themselves. Interest in your patient, attention and kindness. He that serves well need not ask his wages. Soft and fair goes far.

Quackery, humbug and vulgarity. The higher the ape goes the more he shows his tail.

Decillionths of grains. Homœopathy to the bad. —*Plato.*

Credulity, imposition, imposture and nonsense. If the monkey is king, dance before him.

"Self-supporting" dispensaries and small fees. If a man makes himself chaff, the fowls will scrape him. He that lies with dogs rises with fleas.

Principles of conduct. *Fac recta nihil time.* Neither praise nor dispraise thyself; there actions serve the turn. Better a fool than a knave, but better a wise man than either.

Physiological Action of Iodoform.—Revue Scientifique—St. Louis Med. and Surg. Journal: M. Rummo has reported to the Academy of Science, the following results of experiments with iodoform on mammals and frogs:

1. Progressive diminution of the number of ventricular contractions of the heart; increase of energy of the ventricular systole.

2. Respiration remains normal under small doses, but large doses cause first an increase, then a decrease, and finally a total arrest of respiration.

3. Moderate doses increase the temp. 1–2°; large doses bring about a temporary increase, followed by a lowering of 4–5°, in spite of tetanus.

4. Local anæsthesia, general malaise, diminution of muscular and nervous sensibility and of reflexes, especially in the members injected, then general rigidity, which persists even after division of spinal column.

5. Large doses cause nausea, vomiting, dysenteric discharges and marasmus, and all symptoms of iodismus.

As an antiseptic, iodoform does not destroy the germs in putrescent matter, but may prevent their development. But dissolved in oil of turpentine, it will destroy bacteria in their fullest proliferation.

College Troubles.—The California Medical Journal in referring to serious internal dissensions which are shaking certain Iowa and Indiana eclectic medical colleges, has the following which would require but very slight modifications to make it applicable beyond the boundaries of the eclectic ranks:

"It seems next thing to impossible for eclectics to start a college without this internecine trouble. Each fellow wants to run the thing, and this eventuates in a quarrel; one party holding the fort, and the other starting an opposition college. If there were a little more disposition to sacrifice individual feelings, waiting for Time, the great equalizer, to right all things, these troubles would be less frequent. The organization of these colleges in many instances is manifestly imperfect. There being no salaries in these new institutions, the professors are paid in glory, and when one appears to be absorbing more than his share of this article, others become jealous and dissatisfied."

A Ready Test for Atmospheric Purity.—There is on exhibition at the hygienic exhibition at Berlin a ready means of testing the atmosphere of rooms, mines, etc., for presence of carbonic acid gas. It consists of an instrument comprising a rubber ball, into which is inserted a small glass neck, and a common reaction-glass filled with lime-water. The ball is filled by alternate compression and inflations, with the air of the apartment, which is then discharged into the lime-water. The quantity of carbonic acid can only be roughly estimated by the abundance of carbonate of lime deposit. It is necessary to discharge the ball twenty or thirty times when the air is good, to cause a cloudiness. The degree of impurity of the suspected air is consequently estimated by the number of times it is necessary to discharge this ball containing it into the lime-water, before the latter becomes cloudy. This is, of course, somewhat indefinite although it answers all practical purposes.

Human Nature and Specialists of Old.—Old Galen was an acute observer and we should infer from the following sayings of his ("Meth. Med." l. i.) that human nature was pretty much the same under the Roman Empire as it is under the American Republic: "What gives vogue to a physician is not science, but skill in flattery. To him who is the best sycophant, everything becomes easy. To him every door is open. In a short time he becomes rich and powerful." "The asses of Thessolus had parcelled out the art of healing into the most minute subdivisions of practice. Rome swarmed with special cures. Some, for instance, confined their practice to the treatment of the uvula, or the eye-lashes, or certain kinds of cutaneous eruptions Some restricted their attention to the treatment of aged men, others to the strong and robust. Some would cure only with herbs, others by means of gymnastic exercises." Verily, brethren, Solon was right and there is nothing new under the sun.

The Treatment of Whooping Cough.—Dr. Archambault recommends in the Gaz des Hôpit., that children suffering from whooping-cough be kept in-doors and that special attention should be given to the temperature of the room which they occupy, that it be kept equable. The adoption of such precautions will, he says, prevent the lung complications and the bronchitis and broncho-pneumonia which are so fatal in this disease. The drug which he recommends is atropine sulphas, which he gives in the dose of one drop for each year of the child's age three times a day, of a mixture containing one part of the salt to 1000 of water.

SUPPOSITORIES IN PILES.—The following formula is recommended in a recent issue of the Gazette Medicale de Paris:

℞ Iodoformi.... ..... ʒ j.
Balsam peru..... ʒ ij.
Ol. theobromæ,
Ceræ alb..... ää ʒ iss.
Magnes. calcin..... ʒ j.
M.
Divid. in suppos. No. xij.
One of these should be introduced after each evacuation.

CHLORAL HYDRATE AS A PURGATIVE.—B. Bonati (Deutsche Med. Zeitung) recommends chloral hydrate in combination with senna as a rapid and safe drastic cathartic. The following is his formula:

℞ Infus. sennæ..... ʒ x.
Chloral. hydratis..... gr. xxjv. to l.
Syrupi..... ʒ j.
M.

With this he obtained an action where jalap and other drastics had failed. It is doubtful, however, that a mixture like this will ever become popular, regardless of its medicinal properties.

Occasionally a staid European contemporary suffers himself to be borne away from the actual, on the wings of poesy. Witness, for instance, the Wiener Medicinische Zeitung's reference to the cholera in Egypt: "Europe looks anxiously to the land of the Pharoahs and listens to the Job's posts that daily arrive from the Nile deltas. The dark stranger which English ships have carried from India to Egypt gains more and more in power, and the number of his victims already amounts to myriads, and the Destroying Angel forces its way farther and farther into the country. Oriental fatalism flees not from the dark-visaged stranger, but looks him calmly in the face, for Allah has sent him; the apathetic Fellah, brought up in noisome filth and the most extreme want, neither seeks nor expects aid, especially from his deadly enemy, the Englishman, and the black guest from the Ganges and the Brahmaputra murderously stalks with his poisoned arrows throughout the land."

The annual meeting of the American Academy of Medicine will be held at the New York Academy of Medicine, 12 W. 31st street, New York, on Tuesday, October 9 (3 o'clock P. M.), and Wednesday, October 10, 1883. Richard J. Dunglison, Secretary.

A new medical school is to be opened in Buffalo, and will be known as the Medical Department of the Niagara University. Like the rest of the new medical colleges it is to be conducted "in the interests of the higher medical education." Its matriculation requirements, as published, are accommodating, the student being required "to furnish evidence of a certain and reasonable standard of literary attainments before entering upon the study of medicine," but unfortunately the faculty fixes the standard of what is "reasonable." It lays down "a graded curriculum of study patterned after the best medical colleges in this country." If the faculty is made up of better material than goes to make up facultics in general, the matriculation standard and curriculum may be, of a verity, "in the interests of the higher medical education," but alack and alas, faculties are human, and until examining boards are independent of the teaching bodies the high sounding pretentious claims of new schools must be heavily discounted.

The reproduction of the papers read before the meeting of the American Medical Association some time after they had appeared in the other journals, was but poorly calculated to impress the profession favorably with the first number of the Association Journal. The doing so divested it of that peculiar air of freshness which is apt to be looked for in a new journal. These papers have now nearly all appeared and other communications are seeing the light for the first time in its columns, with a corresponding increase in the attractiveness of the latter. It is to be sincerely hoped that the members of the Association will cordially assist the editors in placing the Journal in that position which its representative character demands. It requires more than the best efforts of the best editor to make a journal a success.

An esteemed, and honest but misguided, correspondent who holds to the opinion that typhoid fever can be aborted, refers us to: I. Thessalonians v. 21, and instructs us to do with baptisia what St. Paul orders. We are not familiar with any such medical work nor with the physician whom he quotes as an authority. It must be some homœopathic treatise, in which that faith which is the substance of things not seen and the evidence of things hoped for, is the centre around which the rest revolves. These cases of typhoid fever which our *similia similibus* friends abort, must, we think, be cousins german to those of diphtheria which they "knock higher'n a kite every time."

The following, taken from the Weekly Medical Review, of Chicago, a journal which so prides itself on being posted in all things that it would require more hardihood than we can muster to dispute its statement: "A department of medicine is to be opened this fall in connection with the University of Michigan. This establishment, the University of Michigan, is the outgrowth of a sectarian institution previously known as the College and Seminary of Our Lady of Angels at Suspension Bridge." Who would ever have thought that the University of Michigan is the outgrowth of a Lady of Angels at Suspension Bridge, or anywhere else. We trust Dean Palmer, of Ann Arbor, will not allow this imputation to pass unchallenged.

A writer in the Lancet states that in a two years' practice, in which he attended a hundred and seventy-six accouchments, he met with but five pairs of

twins. From this fact he is led to believe that the proportion of twin births is rated too high by the writers. He further states that four of the twin births which he saw were in a country village and in families living not eighty yards apart. This latter is a curious fact and would seem to call for some explanation. The Louisville Medical News suggests a line of investigation in the following query: "Was multiple pregnancy epidemic in that town, and if so, was the outbreak due to local conditions, or importation of the specific germ?"

The Canada Medical and Surgical Journal places the proportion of people in the United States who have corns at one to five, and then asks: "If it costs $1.30 to effect a cure in each case what would be the cost of placing every person on a sound footing?" The answer is not difficult: 5:50,000,000::1:10,000,000x1.30=$13,000,000. Here is manifestly a rich field for cultivation. Of all the specialties that of chiropody is, we believe, the least crowded. In our city of 140,000 we have but one, and, as far as we are able to ascertain, a similar distressing dearth is prevalent throughout this country.

Carlyle: "Virtue *is* its own reward, but in a very different sense than you suppose, Dr. Gowkthrapple. The *pleasure* it brings! Had you ever a diseased liver? I will maintain, and appeal to all competent judges, that no evil conscience, with a good nervous system, ever caused a tenth part of the misery that a bad nervous system, conjoined with the best conscience or nature, will always produce. What follows then? Pay off your moralist, and hire two apothecaries and two cooks."

The "Virtuoso" of Akenside thus delineates the vivisectionist:

"He many a creature did anatomize,
Almost unpeopling water, air and land;
Beasts, fishes, birds, snails, caterpillars, flies,
Were laid full low by his relentless hand,
That oft with gory crimson was distain'd;
He many a dog destroy'd and many a cat;
Of fleas his bed, of frogs the marshes drain'd;
Could tellen if a mite were lean or fat,
And read a lecture o'er the entrails of a gnat."

Two cynics stood watching the gay throng at Newport. "Look at that woman" said one, "dressed in a white Ottoman silk." "What, the one of the shapely figure?" replied the other. "Yes, her figure is trim, but it reminds me of a certain bottle of bitters. Over yonder, in dainty mull, see the wife of a face powder. Behold promenading the hall there the daughters of a cough syrup, and the swell you saw driving by in a dog cart tandem was the son of a pill." One would almost suppose it was a pharmaceutical (trade-mark) convention.

"You are a nuisance, I'll commit you," said an offended judge to a noisy person in court. "You have no right to commit a nuisance," said the wit. This anecdote has now, we think, gone the entire round of the medical press. It was started off as a new joke and has continued throughout to be so regarded. It may, therefore, be a surprise to some of our contemporaries, when they turn to Dr. Oliver Wendell Holmes' earlier writings, to find it there.

An advertisement of a brand of wine in one of our medical journals contains the endorsement of fifty-two professors in the New York and Philadelphia medical colleges. Of course it must not be suspected that these gentlemen receive quart samples from time to time which they test after the manner of the world's people. Their endorsements are based strictly on clinical observations on their patients, supplemented by strictly physiological tests on themselves.

Mr. Fitzpatrick communicates to the Lancet a method of treating hordeolum or style, which his experience with it in Egypt led him to regard as valuable. He discards poultices, fomentations, etc., and applies tincture of iodine to the lids, care being taken to keep them apart until dry. A few applications in twenty-four hours are said to effect an abortion of incipient cases.

The Birmingham (England) Medical Review in a note on the amenities of American medical journalism, selects a certain Louisville sheet, "whose editor," it says, "is a strong supporter of the American Code of Ethics and hates a homœopath worse than snakes," as an illustration with which to adorn its tale.

A young graduate who has had considerable experience and can furnish the best of references is desirous of securing an opening with an established practitioner. His address is "Medicus," 282 Third St., Detroit, Mich.

It is coming to be generally conceded, in the language of a contemporary, "that the sanitarians of Michigan are the most earnest set of workers for sanitary reform in the whole country.

A Practical Treatise on the Medical and Surgical Uses of Electricity. Including Localized and General Faradization; Localized and Central Galvanization; Franklinization; Electrolysis and Galvano Cautery. By George M. Beard, A. M., M. D., Fellow of the New York Academy of Medicine; Member of American Academy Medicine, etc.; and A. D. Rockwell, A. M., M. D., Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine; Member of the American Neurological Association; Electro-Therapeutist to the Woman's Hospital of the State of New York, etc. Fourth Edition. Revised by A. D. Rockwell, M. D., with nearly two hundred illustrations.
New York: Wm. Wood & Co.
Detroit: John MacFarlane.

Drs. Beard and Rockwell may be said to have been the pioneers of the reputable and scientific application of electricity to therapeutics, in this country. The first edition of their work supplied a want which had been keenly felt by the practitioner who satisfied as to the value of electricity intelligently applied, had no guide to such application in the form of such systematic treatise as he felt it safe

to rely on. The authors were very enthusiastic in their claims and while they were at time somewhat dogmatic the air of conviction based on knowledge and experience which pervaded their book soon won for it a place in which it had no rival in this country. Its peculiar feature was the bringing of the subject within the comprehension of the general practitioner. In each of the two succeeding editions the hand of the indefatigable worker, the late Dr. Beard, was apparent in the efforts to bring it abreast of the times. In the fourth edition the work of revising has devolved solely on Dr. Rockwell and he has performed it in a most satisfactory manner. He has entirely rewritten the chapter on Franklinic Electricity and adapted it as a guide to the employment of the many later improvements in apparatus and appliances. He has also devoted especial attention to the application of electricity in the case of extra uterine pregnancy.

The main divisions of the work are into Electro-Physics, Electro Physiology, Electro-Therapeutics and Electro-Surgery, and the subdivisions contain chapters devoted to the fullest elucidation of the various subjects embraced under these divisions.

The work stands without a peer in the field to which it is devoted, viz., the adaptation of electricity to the needs of the general practitioner.

Hand-Book of Electro-Therapeutics. By Dr. Wilhelm Erb, Professor in the University of Leipzig. Translated by L. Putzel, M. D., Neurologist to Randall's Island Hospital, and Physician to the Clinic for Nervous Diseases, Bellevue out-door Department, etc. With thirty-nine wood cuts.

New York: Wm. Wood & Co.

The volume before us is the June number of Wood's Library. It is a valuable contribution to the literature of electricity in its application to therapeutic ends, the author being probably the most scientific electrologist as well as one of the most renowned neurologists abroad. Part I is taken up with Physical Introduction; Part II with Physiological Introduction; Part III with Methods of Electrical Examination and Electro-Diagnosis; Part IV with General Electro-Therapeutics; Part V with Special Electro-Therapeutics; and the Appendix is devoted to Electro-Therapeutics of the Psychoses.

The work is just such a scientific exposition of the subject as one would expect from the rank of its author in the scientific world, and is adapted to the requirements of the thorough student. It is singularly free from superficiality, and has none of that assumption which is often attempted to be palmed off as the finality of knowledge.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S; with an Introduction on General Anatomy and Development, by T. Holmes, M. A., Cantab., Surgeon to St. George's Hospital, etc. Drawings by H. V. Carter, M. A., late Demonstrator of Anatomy, St. George's Hospital. Edited by T. Pickering Pick, Surgeon to St. George's Hospital; Examiner in Anatomy, Royal College of Surgeons of England. A new American from the tenth English edition, to which is added Landmarks, Medical and Surgical, by Luther Holden, F. R. C. S., with additions by Wm. W. Keen, M. D., Philadelphia.

Philadelphia: Henry C. Lea's Son & Co.

Detroit: John Willyoung.

If there is any one medical book with which the profession is more familiar than another, that book is Gray's Anatomy. It has taken the precedence of all other text books on anatomy for the needs both of the student and the post-graduate, and it would be difficult indeed to imagine a book better suited to those needs. The original plan of it, as conceived by its author, too early cut off, has been adhered to throughout the nine editions preceding that now out, and it has not been departed from in this further than to improve it by the addition of Holden's Landmarks, and many valuable points by the able anatomist, the American editor.

The cuts are beautiful specimens of art, and the paper and typography are in keeping. The binding of the copy before us is that superb half-Russia library style of which the publishers have made a specialty.

Epithelioma of the Bladder.

A PAPER READ BEFORE THE MICRO-PATHOLOGICAL CLUB, BY ORVILLE W. OWEN, M. D., LECTURER ON PHYSIOLOGY, DETROIT MEDICAL COLLEGE.

Tumors of the bladder are divided, as in the other portions of the body, into malignant and non-malignant, but owing to the anatomical formation and the physiological work of this reservoir, a tumor, which in almost any other portion of the frame would do little, if any damage, here becomes dangerous to life, and so must be classed under the head of malignant growth.

The literature upon this subject is so conflicting that it is almost worthless, no two authors being agreed in their views as to the comparative frequency of the different malignant tumors. Gross, Vol. 2, pages 737 to 739, says: "The bladder is liable to malignant diseases as epitheiloma and encephaloid." "Of colloid and melanosis hardly any cases have been recorded." Further, "scirrhus, now known as epithelioma, is extremely uncommon." "Sarcomatous tumors, the recorded cases are so few that any deductions are impossible."

Cornil & Ranvier, page 656, say: "Primary carcinoma of the bladder is usually encephaloid;" "very seldom is it scirrhus." Billroth, page 693, seems to think that cancer of the bladder is usually villous, and so calls them. Sir Henry Thompson, page 314, says: "There is the villous or vascular tumor, miscalled villous cancer," "epithelioma the lowest type of malignancy," and "true scirrhus more common than the preceding." "Encephaloid sometimes met with, but very rarely." Coulson, page 123, says: "Encephaloid is the most usual form." "Scirrhus occurs less frequently, and only a few cases of epithelioma have been placed on record." Skene, page 248, believes that sarcoma and scirrhus may be distinct and separate tumors, or "as diffused indurations." There is no use in quoting further, as the balance of text-book authority is equally misleading. I come now to the case in hand.

On May 18 of the present year, Dr. F. K. Owen, of Ypsilanti, Mich., brought me a specimen of urine for examination, the results of which I give you from the original notes:

PHYSICAL CHARACTERISTICS.

Color, dirty brown.	Sediment, floeculent.
Reaction, acid.	Sp. gr., 1011.
Odor, putrid.	

NORMAL CONDITION.

Earthy phosphates N.	Alkaline phosphates M—
Sulphates M—	Chlorides M +
Urates —	Coloring matter —

ABNORMAL CONSTITUENTS.

Albuminose ½	Glucose —
Albumen ½	Biliary acids —
Coloring matter M+	

MICROSCOPIC EXAMINATION.

Bladder epithelium +	Kidney epithelium +
Hyaline casts —	Epithelial casts —
Waxy casts —	Granular casts —
Uric acid cylinders —	Fibrin cylinders —
Urie acid —	Calcium oxatates —
Triple phosphates +	Cancer cells +
Blood +	Pus +
Mucus +	Spermatozoa —
Fat St+	Cholesterine —
Bacteria —	Yeast fungus —

My diagnosis of malignant tumor being so positive, Dr. Owen agreed, if death took place, to get me the tumor. Some time in July the patient died, and true to his promise, the doctor brought me the bladder, which I now show you. The history of the case is briefly thus:

Mr. S., aged 74, has been troubled with difficulty in passing water for four years. Has been under treatment by a number of physicians and by quacks, homœopaths, etc. Diagnosis has been cystitis by the majority of consulting physicians. The first year of his trouble he had intense paroxysms of pain and spasm, and was treated for neuralgia of the bladder. When Dr. Owen was called, he found the patient unable to pass water, and upon passing a catheter only a small amount of urine was obtained. Thinking the case peculiar, and believing upon manipulation that there was a tumor, the doctor brought the urine to me, but without giving me a history of the case.

I would like the gentlemen to notice in the microscopical examination of the slides, that no true epithelium can be recognized, also that in certain portions of the sections eight-sided cells are found. Dr. F. W. Brown, whom I asked to examine the slides with me, thinks these cells are but blood or cystic degeneration. I, on the contrary, incline to the belief that we have here one of the mixed growths of epithelioma and sarcoma, and would request the members of the club to discuss this, and give me the benefit of their deliberations. You will observe, however, that the peculiar cell formation of epithelioma is so well marked, that doubt as to the malignancy of the growth is out of the question. The sections have been stained in hæmatoxylon, and show the different layers of the bladder very finely. You will notice that the epitheliomatous growth is more distinct in the mucous layer than in the muscular.

177 Griswold Street.

SYMBOLS:
— minus.
+ plus.
St— strongly minus.
M— moderately minus.
N normal.
St+ strongly plus.
M+ moderately plus.

A Case of Diphtheritic Croup Treated Exclusively by Calomel.

REPORTED BY DR. J. R. JONES, LEESVILLE, MICH.

On the afternoon of August 27th I was called to see a patient, aged 2 years and four months, who had been sick about 24 hours previous to my visit. I found a vigorous looking boy with temperature 102 . pulse 125. A yellowish patch was embedded in the right tonsil, and there was a yellowish discoloration of the tip of the epiglottis, and as much of its free margin as I could see. Respiration was much embarrassed, expiration and inspiration being equally difficult, so that his breathing could be heard plainly in an adjoining room. In addition there was a bad croupy cough, harsh, brassy and frequent.

From previous experience with similar cases my prognosis was decidedly grave, and considering it useless to give remedies hitherto resorted to by me in such a case, I determined to give the calomel treatment so strenuously advocated by Dr. Reiter, a fair trial. (See Squibb's Ephemeris, Vol. 1., No. 5, p. 118, and Therapeutic Gazette, November, 1882, p. 435; MEDICAL AGE, March 10, p. 74.)

The following was the treatment and result: A drachm of calomel was divided into 12 powders, and orders given to have a powder administered every hour until free purging occurred. I purposely refrained from giving quinine, iron, brandy, or anything else in the way of medicine except milk, so that the calomel would have fair play, and stand upon its own merits, if it had any, of which, however, I had little faith.

Next morning I called again, and was pleased to find my patient living, but apparently the child was no better; I thought indeed that he was rather worse, for there was decided drowsiness and cyanosis. The powders had all been given, and some time had elapsed after giving the last one before the bowels moved, when there was a copious evacuation of black, foul-smelling fæces.

About three hours later there was another passage, but the discharge was much thicker and greenish in color. I left six more powders, to be given as before.

Called again that evening and found bowels had moved twice, the discharges being of a dark green color, of the consistence of jelly, and passed without any pain. (There was no evidence of pain at any time.)

Patient looked brighter, the cough was much less frequent, and I thought looser.

Thinking patient had calomel enough, I gave the following prescription:

℞ Fl. ext. ipecac.....gtt x
Tr. belladonnæ.....gtt xx
Spts. etheris nitrosi.....ʒ j
Aquæ.....ʒ iij.

S. A teaspoonful every hour.

Called again next morning and found patient sitting up in bed, looking bright and well.

Breathing was easy and noiseless; temperature normal, pulse 120. Cough infrequent and loose.

The patch on tonsil was still visible, but diminished in size and thickness. Only one or two doses of the above prescription had been given, as the child cleared its windpipe of a large amount of stringy-looking stuff (so described by the parents) soon after I had left, after which he breathed freely and fell asleep, resting well all night afterwards.

I then left the following prescription:

℞ Ammoniæ carb.....ʒ ss
Syr. senegæ.....ʒ ss
Spts. vini gallici.....ʒ j
Syrup. simp. q. s.....ʒ ij.

S. A teaspoonful every three hours.

The child has made a rapid recovery. I have given the case in detail, and I have but few comments to make, and no theory to advance.

I looked upon the case as a hopeless one to start with, at least under ordinary treatment. The amount of exudate in the pharynx was trifling, but the glandular enlargement of neck considerable. There was no hypercatharsis following the drachm and one-half of calomel. No medicine whatever was given unless as here detailed, nor was the throat steamed, nor an atomizer used. Mousel's solution was applied with a camel-hair pencil, a few times, to the patch on tonsil, but that could not affect the larynx.

In two cases previous to this I partially tried the calomel treatment, but was afraid to trust to it alone or to give it in the large doses recommended.

Of these one died, the other recovered; but, owing to the mixed treatment, I could draw no definite conclusions.

I shall certainly try this again, if I meet with a case of sufficient gravity. My faith is not yet strong enough to consider it a specific, as advocated by some. Possibly this patient might have recovered by other means, but I am satisfied, at least, that calomel in this case did not retard recovery, nor give rise to any untoward symptom.

For ordinary cases, where the laryux was not involved, have had most satisfactory results from the local application of Monsel's solution thoroughly, and the internal administration of a cathartic, followed by plenty of quinine and tinct. ferri chlor.

A Case of Poisoning by Camphor.

BY L. E. MAIRE, M. D., DETROIT, MICH.

The following case of poisoning by camphor shows the peculiar and dangerous effects of the drug when taken in large doses. Willie J., æt. 10 years, being sent after an ounce of the gum by his mother, who wished to make spirits of camphor, ate about a drachm of it before arriving home. While playing about the house, half an hour after, he was suddenly taken with a violent convulsion which lasted several minutes, seeming to completely prostrate him.

I arrived a few minutes after and found the patient with flushed cheeks, pupil slightly dilated, pulse rapid and weak, breath strongly impregnated with the odor of camphor, and, what was most marked of all great drowsiness and mental hebetude, much effort being necessary to arouse him. The patient presented an aspect of great depression.

I immediately gave an emetic which caused him to vomit considerable mucus and fluid containing numerous small pieces of the gum. Also gave the patient frequent inhalations of aqua ammonia, internally ammoniæ carb. three grains every half hour; also ordered a strong decoction of coffee to be given at short intervals. In the meantime he suffered from nausea and frequent vomiting of mucus. The first convulsion occurred at 5 P. M.; at 7 P. M. he was taken with another violent convulsion, but not so severe as the first, being placed this time in a hot bath which seemed to shorten the duration of the seizure. The prostration, mental hebetude and drowsiness seemed much greater than at any time previous, amounting, in fact, to stupor. The administration of the above remedies was kept up unremittingly. From this time forward there was no recurrence of convulsions, the patient gradually improving; the last symptom to yield was the drowsiness, which still remained for the next twenty-four hours. The patient fully recovered.

The only case on record of fatal camphor poisoning was that of a child 18 months old, reported by Schaaf, of Strassburg. The amount taken was 10 grains; this is also the smallest amount known to have caused serious results. Twenty grains have produced alarming symptoms. In the case of Mr. Alexander, given in the U S. Dispensatory, who took forty grains, very alarming symptoms ensued, such as convulsions, stupor and coma. While on the other hand as much as two drachms have been taken without serious results. The drug is eliminated chiefly by the lungs and skin.

The physiological effects of camphor in ordinary doses is that of a stimulant; it then becomes by the administration of large doses powerfully sedative. In all cases of poisoning by camphor prompt emesis should be obtained, after which the patient should be treated according to the symptoms. Stimulants, as mentioned above, will generally be found the most serviceable.

175 Sixth street.

The Medical Age.

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TRAINED NURSES.—At the late Cleveland meeting of the American Medical Association, Dr. Samuel D. Gross introduced a resolution the adoption of which placed the Association on record as recommending "the establishment at every country town in our States and Territories, of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction, to be given by competent medical men, members (if possible) of county medical societies, either gratuitously or at such reasonable rates as shall not debar the poor from availing themselves of their benefit." This very singular resolution was duly reported by the various medical journals giving an account of the proceedings, and in due time it was read by the body of the profession. It is, however, a significant fact that it was received with the profoundest silence in the quarters which are wont to voice professional sentiment. The name of its illustrious introducer did not prevent its falling on the professional ear as upon a stone, in so far as concerned the awakening of any sympathetic response. The silence which greeted it was more ominous than open opposition.

Impelled, doubtless, by a desire to awaken that interest in the matter which the introduction of the Cleveland resolution failed to arouse, Dr. Gross has taken up that formidable weapon, the pen, with a view to that end. He has contributed an article on the subject to a recent number of the Philadelphia Medical News, and has enlisted the active editorial coöperation of our contemporary. His article starts out with an argument, where certainly no argument is necessary, in favor of good nursing. It then proceeds to descant on the value of the good nurse as an auxiliary to the physician, and he will find none to dispute him here. The rest of the article, which is characterized throughout by that style which has made its author's writings so justly popular wherever the English tongue is spoken, is devoted to a definition of the qualifications of a good nurse and to the elaboration of the plan which was roughly outlined in the resolution above referred to.

The right to criticize being inalienable, our privilege of dissenting from Dr. Gross's plan of supplying good nurses, will not be called in question; but we are ourselves painfully conscious of our presumption when we dispute the correctness of the definition of a good nurse as laid down by the Nestor of the American profession, who was a prominent practitioner and teacher years before we and the great bulk of the profession of this country were born. Dr. Gross's definition of a good nurse has reference to those qualifications which nature has bestowed and to those which are to be acquired through the plan of teaching which he outlines. In so far as it applies to nature's share of this great work of making a good nurse we cordially concur, but when we come to the share which it is allotted man to perform we dissent. Nature's share is declared to consist in giving her good health, a sense of refinement and neatness of person, correctness of habits, kindness of heart, patience, power of endurance, repose of temper, discreetness of tongue, alertness of mind and excellence of judgment. A combination of these attributes in any one woman would certainly qualify her not only for the responsible position of a nurse, but for any other position among the sons of men, regardless of its responsibility. There are scores of bachelors, even this far west, who would consider themselves blessed if they could but make a life contract with such a woman (provided she were sufficiently young), and would willingly stipulate that she should be required

to do no nursing outside of the immediate family of which she would, under the contract, constitute an integral part. Such women as these are not suffered to do promiscuous nursing in this longitude. When they are discovered they are immediately chartered for a voyage, in the duties of which nursing is merely a physiological incident. Happy city, the city of brotherly love, where such women can be found to nurse for hire!

The part which Dr. Gross would allot to man in the preparation of a good nurse consists in imparting to her a competent knowledge, first, of the general principles of hygiene; secondly, of the effects, doses and modes of administration of the medicines in most common use; thirdly, of the nature of food and drink, and the proper methods of preparing them for the sick; fourthly, of the different poisons and their antidotes; fifthly, of local remedies, as leeching, cupping, blistering, bandaging, poultices, lotions, antiseptics and ointments; and sixthly, of the manner of handling the patient, of making up his bed and of changing his body clothes. Some idea of the nature and treatment of common diseases is laid down as another qualification of the good nurse. Doubtless the addition of these acquirements to the part which nature has been allotted to perform, would give us the very ideal of a nurse Unfortunately, however, nature has not done her part in all the women who present themselves as matriculates for the course of training the end of which is graduation as a trained nurse. If the meshes of the sieve through which the material for nurses is passed were sufficiently small to keep out the Sairey Gamps, the Betsey Prigs *et id genus omne*, the curriculum as prescribed by Dr. Gross would be an admirable one. But, unfortunately, such is our experience with aspirants to the honorable title of Trained Nurse, the meshes of the sieve are not thus small. In actual life the great bulk of those who would adopt nursing as a profession are spinsters whom long years of fruitless grasping after matrimony have made acerb, and in whom such of the natural qualifications as they may have originally possessed have been dwarfed by that hope deferred which maketh the heart sick. And these women do not cease their pursuit of the prize which has eluded their grasp, after they have adopted nursing as a profession. Dr. Gross breathes the fervent prayer that when he comes to die he may have "plenty of light and pure air in his room, and at his bedside a kind and accomplished nurse, a member, if possible, of that noble sisterhood, the Sisters of Charity, who are doing everywhere such noble work in the interest of the sick and dying." Amen! But he forgets that the material which would gather at "every county town in our States and Territories" to receive information by "members of county medical societies," is not of the kind of which the noble sisterhood whom he would have around his bed in the trying article of death, is composed. It is not of the kind which crucifies all worldly hopes and aspirations, and consecrates itself, body and soul, and for all time, to the work of the Master. It savors of sacrilege to institute any comparison between those holy women and the promiscuous lot who would, under Dr. Gross's plan, adopt nursing as a profession, or rather as a temporary expedient.

The acquired qualifications which Dr. Gross enumerates would, in our opinion, in the great majority of instances, prove objectionable rather than otherwise, in women not properly favored by nature. A little knowledge is a dangerous thing, when it is not controlled by a great deal of common sense, and in the nurse who is not endowed with "kindness of heart, discreetness of tongue, alertness of mind and excellence of judgment," the little knowledge which "the lectures and practical instruction of members of county medical societies" would impart at "the county towns of our States and Territories "would be a source or inconceivable danger to patients, as well as of never-ceasing annoyance to the physician. We know something whereof we speak. We have seen it tried. In the course of a few months the average embryo trained nurse takes on a degree of importance, and assumes an insight into disease and remedies therefor which makes the average doctor stand abashed in her presence. As long as she is under the immediate eye of her teacher, she is demure and manageable, but when she transfers her services to the clientele of other practitioners, she bursts the bonds of restraint. Of course, if she is constructed of the proper material, she will not act thus, but if she is of the proper material, the training which Dr. Gross would have her subjected to, would be quite superfluous. Give us the womanly woman, with "kindness of heart, discreetness of tongue, alertness of mind and excellence of judgment," and we will trust to her instinct for the rest. The woman who has these needs no training, and in her who has them not, such training as Dr. Gross suggests will prove disagreeable and dangerous.

Of Dr. Gross's plan of training nurses, we have neither space nor inclination to speak We think it will require no words of ours to convince our readers of its impracticability. It is supremely *doctrinaire*.

EMETICS IN TYPHOID FEVER.—Dr. A. Noel, of Bonneauville, Pa., favors us with the following quotations from Chamber's Renewal of Life, in support of his belief that typhoid fever may be aborted:

"And at an early stage, even after the virus has begun to act upon the system, the fever may be stayed by emptying the stomach, and thus preventing the whole dose being taken up. Those who have watched my practice will have witnessed several instances of the success of this treatment; they will have seen the fever cut short, and convalescence entered upon immediately, with its characteristics of painless weakness and emaciation gradually passing away.

One case last autumn gives me the opportunity of putting on record that the influence of the remedy is not merely apparent or accidental, but that it really removes an essential part of the disease.

W. S., a robust lad, aged 15, came into the hospital September 5, 1860, with hot skin, rigors, excessive muscular languor, pain in the back, limbs and head of four days' duration, gurgling in the right iliac fossa, and rose spots. For the first twenty-four hours he had no medicine, and the urine was kept and analyzed. The result exhibited the following quantities of its various constituents daily excreted:

DATE.	Quantity in Cubic Centimetres.	Specific Gravity.	GRAMMES.				
			Urea.	Uric Acid.	Chloride of Sodium.	Sulphuric Acid.	Phosphoric Acid.
Sept. 6, 1860.....	1000	1.027	50.63	.43	.25	3.48	3.24

Then an emetic was administered, and coincident with a universal remission of all the symptoms, the urine exhibited the following remarkable change in the amount passed during the next five periods of twenty-four hours:

DATE.	Quantity in Cubic Centimetres.	Specific Gravity.	GRAMMES.				
			Urea.	Uric Acid.	Chloride of Sodium	Sulphuric Acid.	Phosphoric Acid.
Sept. 7.....	530	1.028	29.37	Trace	0.79	1.97	1.14
Sept. 8 & 9. Mean of 2 days urine passed.....	770	1.016	14.79	0.037	2.68	1.008	0.72
Sept. 10.....	1200	1.011	18.42	0.090	4.20	1.34	0.32
Sept. 11.....	1320	1.006	16.71	Trace	4.62	0.96	0.71

Now, the contrast between these specimens of urine is exactly that which is found between the urine during typhoid fever and the urine during convalescence. In the first there is evidence of destructive metamorphosis going on with extreme rapidity; in the latter the destruction is overtopped by renewal; and this change into convalescence was most strikingly marked as due to the operation of the emetic. When we see so often the immediate consequence of one dose of so simple a remedy, it is difficult to avoid the conclusion that its benefit is purely mechanical, and that it acts by removing from the mucous membrane of the stomach a poison only partially absorbed and still adherent to it. Another reason for guessing that the gastric mucous membrane is an early if not the earliest recipient, is that it early exhibits such special phenomena as usually accompany the ingestion of an unwholesome material. Spontaneous vomiting is very generally found in the first stage of the attack (as you have observed in the patient under consideration) and seems to offer a presumption that the part which is then most feeling the effects of the poison is that organ which most resents it—the gastric mucous membrane. Such is the evidence by which I have been led to believe that the exciting cause of typhoid fever enters usually by the digestive canal—valeat quantum."

"Observe that our patient tells us of nausea and loss of appetite, which diminished the food eaten—of vomiting, which rejected the greater part of that diminished food—and of diarrhœa, which carried off the remainder scarce digested at all. Yet in spite of all, the amount of solid matter passed from the kidneys is fair; the specific gravity of the fifteen ounces of urine passed in the twenty-four hours is 1.020, which is a good deal for a person not in strong health. The metamorphosis, therefore, of the worn-out tissues into urea and salts is active; there is a continuous destruction of them in spite of the defective supply. This goes on so long as the poison lasts in the body; but when it is got rid of, the destruction ceases; no more of the tissue is metamorphosed than is required to make room for new material, and the specific gravity of the urine falls during the convalescence. This may take place very suddenly, as in the instance I gave you of a fever cut short by an emetic; but in general the alteration is more gradual."

It is well known that the brilliant English writer referred to attached much value to the action of emetics in continued fevers. It is a somewhat suggestive fact, however, that his use of them in typhoid fever was not endorsed by his contemporaries, and the fact that it has not been since, to any considerable extent, is calculated to favor the suspicion that it was one of the great man's hobbies—for great men do sometimes have hobbies. The fact, too, that he expressly declares that he does not regard it necessary to differentiate between "typhus" and "typhoid" when discussing the question of treatment, will strike the reader of to day as a trifle singular. It is, however, gratifying to note that he holds the benefit of an emetic in typhoid fever as "purely mechanical, and that it acts by removing from the mucous membrane of the stomach a poison only partially absorbed and still adherent to it." In another part of his work, which Dr. Noel does not quote, he declares that "during some epidemics those who smoke or chew, especially if they spit out the saliva instead of swallowing it, are less liable to be attacked!" Nowhere in his work does he, however, claim that the action of the poison once absorbed can be stayed, unless, perhaps, the inference that it may be, can be drawn from his report of the case of the lad which Dr. Noel has quoted. Dr. N. should, however, had he been desirous of being severely just, have also quoted the following statement in connection with this case: "You have heard from that boy that he was five weeks ailing before he gave up work." He had suffered for at least four days with the pathognomic symptoms detailed, before Dr. Chambers saw him. It is not singular that betterment so promptly followed the exhibition of an emetic at the date of his coming under Dr. C.'s care. We apprehend a dose of almost anything, even "a drop of the homœopathic tincture of baptisia every four hours," or, in other words, a purely expectant treatment, would have been followed by equally satisfactory results at that stage of the disease.

FREE MEDICAL SERVICE AT THE UNIVERSITY OF MICHIGAN.—Professor A. B. Palmer, M. D., Dean

of the Faculty of the Medical Department of the University of Michigan, communicates the following, which we publish with pleasure, but are obliged, through the lateness of its receipt, to defer any explanation which it may seem to call for, until our next:

Your journal of the 25th inst. has just come to hand. In your leading article on Free Medical Services and Medical Colleges, you refer to the address of Dr. Topping, late President of the Michigan State Medical Society, and to the reply I felt called upon to make to his attack upon the Department of Medicine and Surgery of the University of Michigan, especially in its hospital and clinical work; and you will allow me to call your attention to an error into which you have fallen. It is not my custom to notice all the mistakes or misrepresentations of what I say or do, when they only concern me personally. I endeavor to have my public statements of a character to defend themselves; but this matter has more than a personal interest.

You represent me as saying that "to give gratuitous advice only to those not able to pay for it, would close up every hospital and abolish every clinic in the land." I would on no account accuse you of wilfully misrepresenting, but the truth compels me to say that I made no such statement.

What I did say was, that "the objections of the address (respecting the clinics of the University school and hospital), would close every hospital and abolish every clinic in the land."

What the objections made in Dr. Topping's address were, was stated in a preceding paragraph of my remarks, which you did not quote or in any way allude to. I said of the address: "It was opposed to treating gratuitously persons from county houses in the hospitals and clinics, as disparaging to the poor-house physicians." * * I added: "Now if we cannot have the poor to treat in hospitals, and cannot have persons who are able to pay, I would like to know how we are to have a hospital. How can any hospital exist if the President's objections are sound and his plan is carried out? The proposition is equivalent to abolishing absolutely and completely all hospital and clinical institutions." (See my remarks as reported and published in the Transactions of the State Society.)

I am aware that the President questioned the correctness of my statement, that he intimated that he had not objected to the gratuitous treatment of the poor, and that he endeavored to explain away what I was confident he had said; but I thought I understood his language, and it was upon my expressed understanding of it that I said, if the objections of the address prevailed, hospitals and clinics would be abolished.

I am surprised that one of your acuteness did not see the point I made, or without a more careful examination should say, "We dispute the statement of Dean Palmer."

Allow me to suggest that it is always best to get full information on a subject before attempting to express grave and authoritative opinions respecting it; and in criticising a published statement, especially in abruptly contradicting it, it is best to read enough of it and with sufficient care to understand its meaning.

In accounting for the want of harmony between some members of the State Society and the faculty of the Department of Medicine and Surgery in the State University, about which much has been said, it should be borne in mind that there are apt to be unpleasant—I will not say jealous and envious—feelings somewhere, between those who are without and those within public institutions, and those within must expect criticism.

This complaint about the great pecuniary injury done to the profession—this "robbing" of them by gratuitous treatment in the University hospital and clinics, is fanciful, if not absurd, exaggeration. A very large proportion of patients are brought or sent by physicians who wish for the opinions of those who give special attention to certain classes of affections and who may have larger opportunities of observing them. Many of the cases have obscurities or difficulties about them which their family attendants do not feel sure about, or are not prepared to encounter; and the number is so small, compared with the number of patients within the large area from which they come, that really no perceptible difference is made in the income of the profession, and no great damage is done, even if "the income of the profession" is to be considered the chief object of medical science and practice. While no one is materially injured, valuable clinical advantages are enjoyed by a large number of students, who are thus prepared for the responsible duties of the profession and for serving better the community.

Now allow me, in conclusion, to say that your error as to my declaration, and your statement about the "closing up" of certain colleges, though you say it is made "without any intention of being personal," might give rise to a suspicion in the minds of the uncharitable that you were not unwilling to find an opportunity for making disparaging insinuations respecting an institution to which a very large number of physicians, including the late president of the State Medical Society, and the editor of the sprightly MEDICAL AGE, owe an excellent medical education.

THERAPEUTIC PROPERTIES OF THE SALTS OF NICKEL.—Dr. J. M. Da Costa has during the past year been giving his attention to nickel and its salts as therapeutic agents. He had prepared for his experiments the chloride, the sulphate, the acetate, the phosphate and the bromide, but has discarded all but the sulphate and the bromide, which he found to be the best preparations. He reports his experiments with these in the Medical News:

As regards the sulphate, the preparation employed was made by digesting nickel filings in dilute sulphuric acid and evaporating. It is of a chrome-green color, very deliquescent, and very soluble in water. He used it in solution, from one to three

grains; sometimes in pill; and found it, in the smaller dose, well borne by the stomach. In five grains, in some persons, it occasions giddiness and nausea. In this dose it has no decided effect on the pulse or temperature, perhaps lowering the former somewhat in frequency and slightly reducing the latter. Of its soporific effect he saw no evidence, but has known sulphate of nickel prove something of an anodyne; for in a case of subacute rheumatism at the Pennsylvania Hospital in which it had been stopped, the patient asked to have it prescribed again, as his pains were much relieved while taking it. Of its striking tonic effect, which had been reported, he saw no proof. In night-sweats its action is only very slight. He had some excellent results with it in small, frequently repeated doses, or in doses from one to two grains four times daily, in cases of obstinate diarrhœa. In one such case, a man at the Pennsylvania Hospital affected with trembling associated with beginning sclerosis and valvular disease of the heart, it proved successful, after many remedies had failed. Continuing it subsequently, the heart grew more regular; the nervous phenomena remained the same. In some instances of chronic catarrh of the stomach it has seemed to do much good, but in this respect the chloride answers even better. In the case of a professional man with marked indigestion and some albumen in the urine, in whom iron produced headache and otherwise disagreed, the digestive disorder was speedily influenced, and the albumen disappeared while taking one grain of the chloride three times daily. More than this did not agree. It had also a calming influence on the nervous system. He tried the sulphate in some cases of typhoid fever in which diarrhœa was a prominent symptom. But while not having tested it sufficiently to have formed a positive opinion, its action was far less than had been anticipated.

With reference to the bromide of nickel, which has not been before employed in medicine: The specimens employed were very pure. They were made by digesting nickel filings in bromine and water, and evaporating carefully to crystallization. The salt is green in color, deliquescent, and soluble in water, and in the dose in which it is necessary to give it, is not offensive to the stomach. While the remedy may be prescribed in the form of pill made with gum tragacanth, it is preferably given in syrup. In using bromide of nickel the effects of the other bromides were produced, but the effect came from very much smaller doses Thus five grains to seven and a-half grains is an average dose; ten, a decided one. And, when this is indicated, it is best to give five grains soon repeated, as less likely to disturb the stomach.

The influence on the nervous system, of the bromide of nickel, is shown by its relieving headache, especially of the congestive form, in its effects on convulsive movements, and its general quieting tendencies. But the main question to be solved was: Does it prove of service in epilepsy? Dr. Da Costa found it act quite as well as any bromide, and as happens with all, we sometimes by a change to it obtain results which the others no longer yield. He gives a few illustrative cases.

The result shown from a smaller dose than that of the bromides which are generally employed, is a striking feature. Nor can this be accounted for by the bromide of nickel having in its combination a greater percentage of bromine. The combining weight of nickel is higher than that of sodium. Sodium is 23.3; nickel 29.5; potassium 39.2. There is, therefore, in the nickel bromide some special action.

Of course, this inquiry suggested a trial, in epilepsy, of some of the other salts, such as the sulphate and chloride, to see if by themselves they had any specific influence similar to the preparations of silver and of zinc, and Dr. Da Costa prescribed these nickel salts to epileptics for some weeks before beginning with the bromide. The result was, the patients had rather fewer attacks. But while not inert, no striking influence was exerted by the drug; certainly, nothing that compared with the bromide salt.

In conclusion, it seems to Dr. Da Costa that the preparations of nickel, especially the bromide, will be found additions to our therapeutic resources; and are certainly worthy of more careful study than they have hitherto received.

HYGIENE IN ALBUMINURIA.—Professor Senator, of Germany, has made some very interesting observations on the subject of the hygienic treatment of albuminuria, the results of which are calculated to vest this treatment with more importance than it has been the habit to attach to it. He holds it to be vastly more beneficial than medicinal treatment, at least in chronic cases.

He refers to the undue stress laid generally on the mere amount of albumen lost to the system in the urine, as it really is seldom greater than about one-half per cent., and he estimates that, even in a moderately severe case, the amount of albumen lost in a week is not more than is contained in half-a-pound of beef. Again, he points out that there is reason for believing that the albumen acts as an irritant, and that though comparatively little is known about the different forms of albumen which pass off in the urine, it has been shown by Lehmann and Stockvis that, when white of egg is introduced into the circulation, not only does that escape by the kidneys, but a surplus of other albuminoids accompanies it. It is not unlikely that the same is true of other forms than the egg albumen, particularly if the system is overloaded. The lessons with regard to diet are—not to give eggs at all, and to be more sparing even with meat than is often the case. Any excess may act injuriously in two ways: by increasing unnecessarily the amount of urea, and other nitrogenous waste products in the blood; and also by pouring into the system an overplus of peptones, or other albuminous matters, which may simply have to be excreted, and cause irritation in the act.

According to Christison, cheese is apt to act like eggs in increasing the amount of albumen, and therefore is not good. Generally, then, the amount of animal food should be restricted, and a preference given to fish, fowl, and young meats. Vegetables and fruit should be used freely, with the exception of the leguminous vegetables, which are too rich in albumen. Fats of various kinds are good, but the amount used will have to depend on the state of the digestion, any derangement of that having a bad effect. With reference to this, Senator says that very full meals should be avoided, as it is an occasional observation that, even in healthy persons, albumen appears after a very heavy meal. Persons suffering from albuminuria should, therefore, take small meals more frequently than is the usual custom. If alcohol is to be used at all—and it must be in very limited amount—red wines are generally best, beer being far more likely to act injuriously. Strong spices, and pickled, smoked, and other such preserved meats should be avoided, and all errors of diet strictly guarded against. Milk is good, but an exclusive use of it cannot be kept up long, and besides, it does not supply the elements of a suitable diet in right proportion. Two litres of milk, equal to about three pints and a half, are a considerable quantity, and yet they contain only about 70 grammes of albumen, while, according to Voit, a man living in idleness needs 85 grammes daily to keep up his weight. Fat, of course, is in excess of the 30 grammes needed, but the carbo-hydrates (sugar) are in too small amount. But milk, freely, with bread, groats, &c., may be long-continued with manifest advantage, other articles, such as fruit, being added as is advisable. The state of the skin should be carefully attended to, a slight and more or less continuous transpiration being kept up, and the patient guarded anxiously from exposure to cold. Where it can be done, Senator recommends confinement to bed as the best means of attaining these ends, the further advantage of rest being at the same time got. He holds that any severe exertion is bad, and tends to increase the amount of albumen excreted, and therefore, since fresh air is beneficial, it should be got in some way which involves a minimum of muscular exercise. The bad effects of worry or violent emotions are well known, and therefore care should be taken to guard against these, withdrawal from business being, as far as possible, insisted on. In women, special care should be taken at the time of menstruation, complete rest in bed being very desirable, as there is regularly an increase in the albumen excreted at that period. With reference to climatic influences, residence in a warm and dry climate is useful, many conditions combining to make such localities preferable. With persistence in the adoption of all these hygienic measures, it will sometimes be possible to bring about even the complete disappearance of albumen from the urine for longer or shorter periods, and very often to diminish greatly its amount.

MEDICAL EDUCATION.—The Philadelphia Medical Times has had its virtuous indignation aroused through the great farce of medical education as it is conducted in this country. The only remedy which it sees for the abuse is the taking from the colleges the right to grant licenses to practice. So long as men can make thousands of dollars yearly by the sale of diplomas and hide their crime under the cloak of teaching, so long will the consciences of many be numb and without feeling. In spite of all that has been said, it is still considered respectable to hold these positions, and men yet come from distant places to take them. There are, it is true, symptoms that the day is approaching when honorable men will be found to decline connection even with money-making doctor-factories, but the approach is with woeful slowness.

Public opinion has already done something, and may do more, in controlling medical education; but the evil can only be rooted out by separating teaching and licensing,—by requiring every new M. D. who desires to enter practice to pass an examination before an official licensing board which should not only have no direct connection with teaching, but also have no teacher among its members.

The world moves. We have seen the cause of proper medical education gain enormous headway during the last few years, but we had no idea that the millenium was approaching so rapidly as it seems to be from a recent editorial in the New York Medical Record, where it is affirmed that there can be but little doubt that the Legislature of the State of New York will before long give serious consideration to the matter of creating a State Examining Board as a sole licensing body. We agree with the Record that the success of any law will depend upon its details. The chief difficulties to be met are in regard to the appointment of examiners, and the relations of the homœopathic practitioners. The appointments must be kept out of politics. This can readily be achieved by giving the appointing power to the State Medical Society. Whether we like it or not, it is sure that if success is to be achieved the existence of homœopathy must be recognized in the formation of the Board. Possibly two Examining Boards, one appointed by the Homœopathic State Association and one by the State Medical Society, might be allowed; possibly the subject of therapeutics might be dropped out entirely; possibly it would be best to have a Board homogeneous and uniform in all respects save only in regard to therapeutics, which subject should be represented by two or three individuals.

The time will come when the earnest discussion of these details will be a pressing duty; but at present all that we can do in this state is to hurry along the tide of public opinion, which is now drifting towards the measures that have been adopted in all civilized portions of the world save the United States.

The need of this great reform is pressing everywhere in this country, and instances of the manner in which professors in colleges making high preten-

sions stultify themselves for the sake of securing students, are peculiarly prevalent at this season of the opening of regular sessions. A young man, a few days ago, after paying his money into a medical college in Michigan desired to attend another college, and requested the return of the fee. This was, of course, refused. The young man had not yet passed his matriculation examination and he thought he saw in this fact a way out. Accordingly when he came up for examination he deliberately answered but three of the twenty five questions asked him with a view to determining his fitness to appreciate the technical study of medicine. He called the next day for his money, never dreaming but that he had been rejected. Not so, however. He was informed that his examination had been entirely satisfactory. This aroused the young man's latent ire and he raised a row in which he threatened a law-suit and exposure if his money was not immediately returned. This threat brought the authorities to terms and the money was promptly refunded. Truly such facts as these should cause the profession to besiege the legislature for the relief which it can grant.

Sycosis, Parasitic and Non-Parasitic.—The Journal of Cutaneous and Venereal Diseases gives the following on this disease which it has translated from Prof. Gamberini's Treatise on Diseases of the Hair and Nails:

Wilson usually advises avulsion of the hairs and the application of parasiticides, especially corrosive sublimate, or iodide of sulphur in ointment (2—30).

Of the same therapeutical opinion are Tilbury Fox, Anderson, Behrend, Piffard, Duhring, Bazin, Hardy, and all those who recognize the parasitic nature of the disease. In my clinic I follow the following practice: As epilation is troublesome and often painful, I commence with emollient cataplasms in union with belladonna. After this I remove the hairs as completely as possible, and then apply the parasiticides, using by preference the oil of cade and tincture of iodine. When the sycosis is severe with extensive infiltrations, I avail myself of excisions and carbolic lotions.

It should be remembered that sometimes alcoholism, syphilis, scrofula, and arthritism complicate the trouble, and should be taken into serious clinical consideration and the appropriate remedies adopted.

Before treating the case, however, it is important to ascertain whether it is simple or parasitic sycosis.

Non-Parasitic Sycosis.—If the disease is produced by a local cause, the removal of the same is necessary. The crusts are to be softened and removed by oily or slightly carbolated lotions. After this, epilation should be practiced as in the parasitic form, insomuch as the hairs act as foreign bodies and tend to prolong the inflammation. This is but an imitation of the mode employed by nature in her attempts to cure the disease. If epilation is not performed, the inflammation may run so high as to completely destroy the follicle. I therefore urge artificial epilation. This sometimes becomes troublesome, because the hair becomes firmly fixed during the early period of the peri-folliculitis.

The hairs having been removed, it is necessary to seek the resolution of the peri-follicular inflammation, which is accomplished with diachylon or Vigo plaster, with sapo viridis or potash, diluted with glycerin or vascline. Sulphur, iodide of sulphur, white or red precipitate, or biniodide of mercury may be used. If the pus is deep, it must be let out with the lancet.

Plumbe and Wertheim recommended the daily shaving of the hairs. This method may have its advantages, but I adopt it but little, as it is usually disagreeable to patients, and does not compare in usefulness with the epilation.

Duhring especially recommends external treatment, at the same time paying attention to the patient's general condition. He insists on the removal of the irritating causes, and the avoidance of the extremes of heat and cold.

Veiel cuts the hair short, and detaches the crusts with poultices, then applies an ointment composed of two parts of tar and one part sapo viridis, and thus facilitates the extraction of the hairs. After the completion of the epilation, he applies acetic acid. This is followed by a crust which falls off in three or four days. These operations are to be repeated, completing the treatment with a sulphur ointment for four weeks longer. The shaving should be continued four months to prevent a relapse of the disease.

Stewart recommends the nitrate of potash dissolved in a large quantity of water, bathing the parts several times a day. He states that he has accomplished rapid cures.

Having observed that simple sycosis frequently co-exists with alcoholism and arthritism, I have resorted with benefit, to the internal use of alkalies, and the external use of ointments, at first with a base of carbonate of potassa, and then of flowers of sulphur, always premising epilation.

In accord with Fox, I have seen advantage from the internal use of Donovan's solution, when the sycosis proceeded from herpetism or was connected with syphilis.

An American Medical College at the Antipodes.—The Australian Medical Journal contains an editorial report of a case which, while it has been exciting considerable attention in that far off country, is calculated to place an American medical college in a far from enviable light in the eyes of those familiar with the facts at home. It appears that a certain reverend gentleman presented himself a few years ago at the Melbourne Medical, College as an irregular student of medicine, explaining that he was about to become a missionary and desired to acquire some knowledge of medicine. He was very irregular in his attendance, as in our experience gentlemen of this class are very wont to be, selected his

own course of study, and, being "a practical man," took in just such subjects as he himself deemed proper. He got no certificate of time from the college but succeeded in securing several certificates of attendance on lectures. Armed with these he repaired to Philadelphia and returned to Australia in nine months, included the time consumed in the passage, a full-fledged M. D. On presenting his diploma for registration it was refused and the whole matter became a subject for investigation by the authorities. The result of the investigation is highly discreditable to American medicine.

This case reminds us of another: A young man entered the Michigan College of Medicine without having devoted any previous time to the study of medicine. Being engaged in business he did not attend over thirty per cent of the lectures. Under the rules of the college it was necessary that he devote, three years from the date of his matriculation, to the study of medicine, during which time attendance on two courses of lectures was required. His attendance had, however, been so irregular that at the close of the first session he was unable to secure certificate of time. He thereupon did as our antipodal friend did; he went to Philadelphia. In the following spring he returned to this city on a visit, a regularly accredited M. D. The school from which he graduated was, however, not that which conferred the degree on the reverend Australian. Neither was it the Buchanan college of unsavory reputation, as the reader would be pardoned for surmising. It was one of the oldest medical colleges in the country, and one which numbers on its professiorial staff some of the most honored names in American medicine.

Truly the cause of medical education in America is at a low ebb when colleges which occupy such high places hold their degrees so cheap. The only remedy is for the people to protect themselves against these iniquitous practices, by the enacting of laws which shall take awoy fram the teaching body the power of disposing of its diploma as merchandise. Let the state appoint an examining body who shall stand between the colleges and the people, and the disgrace may be removed.

Water for Infants.—Dr. Charles Remsen, House Physician to the Nursery and Child's Hospital, New York, has been impressed with the conviction that a restriction of the amount of water allowed children during the heated term is the cause of increased mortality among them. He communicates an article on the subject to the New York Medical Journal. When the difference between the amount of fluids taken by an adult during hot and cool weather is considered, it will be understood how an increased supply should be afforded the child in summer. The blood, having parted with much of its water to supply the increased evaporation from the surface of the body, takes up very quickly the fluid portion of any food introduced into the stomach, leaving the solids too thick to be easily digested. The consequence is that fermentation takes the place of digestion and the products pass downwards, causing colic and diarrhœa, with a further drain on the blood. With this thickening of the blood there is diminution of perspiration, hyperpyrexia and collapse.

Dr. Remsen regards the depression of the anterior fontanelle, which appears in children, as the earliest sign of a diminution below the normal standard of the fluids of the system. With this depression, even in a child apparently in good health, there is great danger from very slight disturbing causes; a slight increase in temperature or the deprivation of breast for a few hours, may throw the child into a condition of hyperpyrexia. In nursing children, early signs of diminution of body fluids below the normal standard are fretfulness, a moderate rise of temperature and pulse, a hot, dry skin, and a constant desire to nurse. If the child in this condition be given a free supply of water, the symptoms will often disappear quickly and completely; but if not, collapse will soon come on.

There is much reason in Dr. Remsen's views. We think, however, that he makes a mistake in advising the use of copious draughts of cold water during the presence of the diarrhœa which he refers to fermentation. While cold water is, doubtless, valuable as an antipyretic, we think experience will not endorse its free ingestion in infantile diarrhœa. The practice which he reports as that followed at the Nursery in cases of hyperpyrexia due to deprivation of fluids, is wrapping the child in a wet sheet, giving water by the mouth *ad libitum*, and applying cold to the head. In these more specific instructions he does not state whether the water to be drunk shall be cold or warm. We think that copious draughts of warm or hot water, after the Salisbury method, would be preferable for internal use in such cases.

The Detroit Medical Colleges.—The local profession, or, at least, that portion of it more directly interested (and there is a contagiousness in such matters which prevents the interest being strictly confined to those originally seized), has for some time been kept agog by a scheme having for its object the amalgamation of the two medical colleges in the city. The matter was first broached some eighteen months ago, and since then there have been intermittent attempts at unification. It was thought by those who favored the union that the properties, faculties and patronage of the two colleges could be so utilized as to build one college which would be a much more pronounced educational and financial success, and be at the same time most conducive to professional interests, than is possible in the case of either, as long as the two remain separate. The arguments and figures which they brought to bear in support of their position on the subject were cogent, and the fact that they did not remove every vestige of opposition to amalgamation must be attributed to the suspicion that

other than purely educational and financial reasons enter into the *raison d'être* of medical colleges, and that considerations of professional weal are capable of being subordinated to considerations of a more or less personal nature. It is creditable, however, to the gentlemen concerned, that personal feelings were eventually very largely overcome, and committees from the two schools met to take into consideration a basis of union; but, unfortunately, when the matter was transferred to the lawyers, it was found that there existed inseparable legal obstacles to the twain becoming one flesh. As a result, all nuptial talk has been declared "off," and the two would-be-high-contracting parties will meet hereafter merely as friends. We are not in a position to know how far-pervading is the mutual grief occasioned by this sudden dashing of matrimonial hopes. Although expressions of regret are numerous and mutual, the chemistry of the emotions is not sufficiently exact to enable us to differentiate between pure grief and alloy. If the emotion is of the heart, the legislature will be asked at its next session, a year or so hence, to remove the impediments to the bans. In the meantime the schools will continue on their several ways, neither of them being the worse, but rather the better, for the agitation which has stirred them up. So mote it be.

MEAT.—Lancet: The value of meat as a food is due in a degree to its heat-producing properties, though in this respect it is surpassed by fatty and amyloid substances. It is as a tissue building material, and as an excitant of assimilative changes in the tissues, both with regard to itself and to non-nitrogenous foods, that it is most useful. It is stimulant as well as nutritive, and it therefore holds a deservedly high place in the daily dietary. Experiment has shown that three quarters of a pound of lean meat fairly represents the quantity per diem which, taken with other nitrogenous matter, suffices to maintain a person of average size and weight in a normal state of health. Some there are who largely exceed this standard, eating freely of meat at every meal, and living all the time quiet, sedentary lives. Such carnivorous feeders sooner or later pay a penalty by suffering attacks of gout or other disorders of indulgence. But it is equally important to note that many others, especially women, healthy in all points but for their innutrition, are apt to err as far on the other side. Thus one meets with people who consume about a pound of butcher's meat in a week, or not even that. This fact has been fully brought out by Dr. Graily Hewitt, in his address to the Obstetrical Section at the recent meeting of the British Medical Association. He has likewise with much probability assigned this defect of diet as the chief cause of that general "weakness" which is so common among the antecedents of uterine displacement. The experience of many practitioners will confirm his observation. Different causes are at work to produce this kind of underfeeding—too rigid domestic economy, theoretical prejudices, the fastidious disinclination for food which comes out of a languid indoor life without sufficient bodily exercise, tight lacing perhaps, and many more. These difficulties are more or less removable, unless, indeed, where absolute poverty forms the impediment. No effort should be spared to remove them. The advantages derived from a diet containing a fair amount of solid animal food could not be obtained from a purely vegetable or milk regimen without either unnecessarily burdening the digestive system with much surplus material, or, on the other hand, requiring such revolutionary changes as to quantity and quality of food and times of eating, as would probably altogether prevent its general adoption, even were that desirable, into household management In our opinion, such changes are not desirable, as being inadequate to secure their purpose.

A DOUBLE-HEARTED NEGRO.—Dr. M. R. Morden, Adrian, Mich., contributes the following ancnt a curiosity who has been exhibiting himself in this part of the country for some time past. We believe he has visited this city, but we have not seen him:

Has there ever been any record or notice in medical journals of a colored man who seems to be known as "the double-hearted darkey"? Such a person is now "doing" the leading towns and cities in this region, and parades himself in doctors' offices and other places, much to the wonderment of physicians and other intelligent spectators. He, apparently, is blessed with two hearts, which he has the power of displacing, singly, to either iliac region. After violent contortions of an aldermanic abdomen, he shuffles forth a set of abdominal ribs, which, he claims, lie, when not on exhibition, under his "ordinary set." He also bends a ¾-inch iron bar by striking it across the left arm, which a powerful man is unable to bend back again when allowed to use leverage of both knee and hands, but which he readily straightens in the same manner that he bends it. He displays two scars over the left heart, which adornments he claims are the result of an exploratory operation by Prof. S. D. Gross. He claims to have been inspected by all the medical savants of the whole world, and that they all "give it up" till after he vacates his wonderful tenement, when, he says, there will be an "offul subrise."

However much fraud there may be connected with his exhibitions, there are certainly enough actual facts connected with the case to warrant inquiry, and probably very many readers of the AGE would be interested in learning the opinions of learned experts who may have given the case attention.

For the benefit of any who may have designs on the above-described individual, for anatomical or museum purposes, I can assure them that he is well "pickled," and is likely to remain so, unless prohibition should capture the whole land; and as to use of soap and water, if his odor and appearance are to be considered, he is most absolutely guiltless.

A Chemical Duel.—While human nature remains pretty much the same in essence the manifestations of its peculiarities have been modified by the refinements of modern civilization and the advances of science. The following is an illustration: The duello was, until within comparatively recent years, the recognized means of settling disputes which involved the honor of the parties concerned, and it was considered the proper thing for men to face each other at ten paces and blaze away with blunderbusses. With the growth of modern æstheticism it, however, came to be regarded as in bad form for men to disfigure the human form divine after such a manner, and the demand arose for some means of equally certain death to one of the parties without the revolting accompaniments which erst did attach to the field of honor. Science, god like science, has come to the relief, and now neither blood nor other disagreeable animal contents are longer deemed necessary adjuncts in laving the stains on honor. The Chemist and Druggist, of London, tells of a very neat duel on the modern plan, which recently occurred in Paris. A distinguished savant, whose death the papers reported as due to apoplexy, returned to the city from an excursion, to find that his marital prerogatives had been invaded. He prepared instead of the time-honored pistols and coffee, two colorless solutions and with these in his possession sought the author of his dishonor. Advancing towards him, he said: "Here are two poisonous compounds, so made that they cannot be distinguished by the sight. One contains a poison from which by treatment you can recover; the other is fatal, and its effects are instantaneous." Filling two glasses, he took one in his own hand, and gave the other to his betrayer. "Now, let us drink together and at the same moment." They drank, and the distinguished savant dropped dead.

The story may strike some as a little improbable, notwithstanding its high authority. It is, nevertheless, a very good one and is not devoid of moral.

The Teeth of the Future.—In an able address (Lancet) recently delivered, Mr. Spence Bate, F. R. S., has drawn attention to some remarkable features which it may be interesting and instructive to take into account. In the teeth of the Esquimaux, the Red Indians, and the natives of Ashantee, as well as those found in the ancient barrows of England, the so-called interglobular spaces, seen so frequently in sections of modern teeth, appear not to exist; nor, indeed, are they to be detected in the dentine of the best developed structures of the modern European. Not only is the dentine getting deteriorated, but the enamel would seem likewise to be undergoing a modification, becoming too opaque. In adition to the histological changes, the external form and character of the teeth are sustaining an alteration. This seems to be in relation to an important feature in the history of their evolution. The tendency for the cranium to develop at the expense of the face and jaws is seen to occur as we ascend the scale of the vertebrated series of animals. Owing to this atrophy of the jaws, the proper space for the full play and development of the normal teeth would seem not to be available. At birth the bones are not sufficiently grown to receive the teeth in their normal areh; and, as in the human mouth, the premaxillary bones are firmly united a short time after birth, it follows that the posterior part of the jaw is the only place where the growth can occur. Any delay in the development and consolidation of the symphysis must have the effect of contracting the space required for the teeth at this site. In the course of vertebrate evolution there is a marked tendency for teeth to disappear. The lower vertebrates have four molars on each side in each jaw, the higher have three, whilst in man the number is reduced to two.

American Climatological Association.—About thirty well known physicians from different parts of the country, met on the 25th ult., in the parlors of the New York Academy of Medicine, for the purpose of organizing a national association, to advance the study of climatology and pulmonary diseases.

After very free and general discussion upon the questions of a name, plan of organization, objects, and extent of membership most conducive to practical success, it was finally agreed that the name should be, The American Climatological Association; that the membership be limited to fifty; and that provisional officers, a board of censors, and a committee of arrangements (to lay out the work, etc.), be appointed to serve until May, 1884, when another meeting will be held at Washington, D. C., for the purpose of perfecting the organization.

The temporary officers and committees are as follows:

President.—A. L. Loomis, M. D., of New York.

1st Vice-President.—F. I. Knight, M. D., of Boston, Mass.

2d Vice-President.—H. H. Geddings, M. D., of Aiken, S. C.

Secretary and Treasurer.—J. B. Walker, M. D., of Philadelphia, Pa.

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E. T. Brucn, M. D., Philadelphia, Pa.
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Jequirity in Granular Lids.—Dr. Eugene Smith, of Detroit, has communicated to the Journal of the American Medical Association an article embodying views based on the results of his treatment

of trachoma with the jequirity bean. He had observed the effect of the drug in De Wecker's clinique, in Paris, during the past summer, and on his return put it to the test in his own clinique, at St. Mary's Hospital, in this city. De Wecker lays down the following three propositions: 1st. Incontestably, lotions with the infusion of the seeds of jequirity cause a purulent ophthalmia of a croupal character, the intensity of which can be regulated by the number of applications made and the strength of the solution used. 2d. Incontestably, the cornea runs no risk during the course of jequiritic ophthalmia. 3d. Incontestably, jequiritic ophthalmia cures granulation rapidly. Dr. Smith's experience corroborates these propositions in the main. He differs from the second to the extent that while the cornea may suffer no serious injury, it is not strictly proof against ill effect.

As to the application of jequirity, De Wecker uses a small sponge, with which he made an application to the everted lids, and has the sponge, wet with the infusion, applied externally for five or ten minutes. These applications are made three times a day for three days, making nine in all. Dr. Smith has substituted absorbent cotton for the sponge, and prefers it. He found that, in order to get the desired effect, it is well, when the swelling does not prevent, to evert the lids at least the first three or four times of the application, and with a piece of dry absorbent cotton wipe off gently the diphtheritic exudation before applying the lotion. Care must be taken that the sero-purulent discharge does not get into the eye not being treated, even if it be trachomatous, owing to the severity of the constitutional symptoms. The tendency to posterior symblepharon should be guarded against by separating the agglutination with a probe.

Diplomas of Bogus Colleges in Michigan.—A correspondent has requested an opinion on the eligibility to registration, under the New Michigan Medical Act, of those holding diplomas issued by "bogus" colleges. The reply must be conditioned on the construction given the term "bogus." If by this word is understood colleges operating without proper authority from the state or states in which they are located, then must the diplomas issued by such colleges be refused registration. The Act explicitly declares that persons registering as graduates must be from "any legally authorized medical college in this State, or in any one of the United States, or any other country." But a college may be legally authorized and still be "bogus" in the ordinary acceptation of the term. The notorious Detroit University, or Skuce-Thomas Medical College, which for a brief season struggled for breath in this city a short time ago, was sufficiently legal to defy the officers of the law, and yet it would be difficult to conceive of anything more "bogus." There are numerous similar institutions to this last in this country. The Illinois State Board of Health has prepared a list of these and refuses recognition to their diplomas within its jurisdiction, and it would have simplified the duties of the county clerks in this state, and at the same time have conduced to the welfare of the public, had some provision been made for a similar list by competent authority under the Michigan Medical Act.

Section 3 of this Act makes use of the term "regularly established and reputable college," but whether the term "legally authorized" could be properly construed to include this we are not prepared to say. The Act is at best a very hungling affair and the above question which has been raised concerning it, is but additional evidence of the fact.

Removal of Wens without the Knife.—Medical Record.—Dr. Carreaux removed a fatty tumor the size of a pigeon's egg from a young girl's foot by the following method, recommended to him by an old lady of his acquaintance. Frictions were made three times a day over the tumor by a mixture containing equal parts of hydrochloric acid and turpentine. The application was prolonged until the patient complained of a severe smarting. Then a plaster of hyoscyamus and mercurial ointment was spread over the part. The applications were made in this manner for eight or ten days, when signs of commencing inflammation appeared. They were then discontinued. A slight eschar formed at the most prominent part of the tumor, and being thrown off, left a small opening through which the contents of the tumor were gradually extruded. When the sack was empty the walls became adherent through inflammatory exudations, and the cure was complete in a month or six weeks. The author regards this method as of value when the patients dread the knife, and when the tumor is small, but advises against its employment in the case of large tumors, owing to the danger of septicæmia arising from suppurative inflammation of the walls of the sac.

Lemons for Malarial Fever.—Dr. Carlo Magliere (Courier of Medicine) speaks very highly of a remedy which has been in popular use in some parts of this country for some time. It is a decoction of lemons. He had his attention drawn to it while visiting another section of his country, and after experimenting with it was astonished at its beneficial effects in all sorts of malarial fever. He reports some truly remarkable cures effected by it. He recommends the decoction made of the fresh lemon, cut into slices and boiled in a new earthen pot. It is to be given four hours before the fever. He gives the results arrived at with this decoction as follows, and urges further experiments to be made:

1. The decoction of lemons in malarial affections gives results equal to and better than quinine.

2. It is not only active when quinine is active, but even after the latter drug ceases to be active.

3. It is not less active in chronic malarial affections.

4. It does not present any of the disadvantageous effects of quinine.

5. Its administration is possible also in catarrhal conditions of the digestive tract

6. Its cheapness renders it eminently popular.

Extensive Wound of Liver and Lungs.—The following touching the remarkable case of injury to liver and lungs, reported by Dr. Sullivan in the Age of 10th ult., will be read with interest:

St. Augustine, Fla., Sept. 18, 1883.

Dr. J. B. Sullivan, Stanton, Mich.:

My Dear Sir: What has been the result of the case of the man who fell on the circular saw, as detailed in Medical Age. Under any circumstances, it must be considered most remarkable.

Yours truly,

DeWitt Webb, M. D.

Stanton, Mich., Sept. 27, 1883.

In answer to the postal above, I would say the young man, Henry Prentice, who fell upon the circular saw at Talcott's mill, August 30, has nearly recovered. He started home, a distance of one hundred and twenty miles, by rail, on the 24th day of September, 1883. The wound had entirely united, with the exception of one drainage, which discharged a little.

J. B. Sullivan, M. D.

A Toothache Remedy'—Dr. Millican communicates to the British Medical Journal the following for the value of which in toothache he vouches: "Melt white wax or spermaceti, two parts, and when melted add carbolic acid crystals, two parts; stir well till dissolved. While still liquid, immerse thin layers of carbolized absorbent cotton-wool, and allow them to dry. When required for use, a small piece may be snipped off and slightly warmed, when it can be inserted into the hollow tooth, where it will solidify. The ease produced by this simple method is really very great."

The chair of surgery in the Medical Department of the University of Buffalo having become vacant through the resignation of its incumbent, the authorities, overlooking home talent, went abroad to Chicago for a professor to fill the place. This seems to have caused a great deal of ill-feeling among the local profession of Buffalo, and the Buffalo Medical and Surgical Journal suggests boycotting as a proper method of retaliation. "Let the profession," it says "make a note of this. Have they patronage to confer upon an institution which imports from another city a surgeon to treat their patients? Have we not local talent equal to all the emergencies that may arise, without sending to Chicago for aid?" The feeling manifested is very provincial in its narrowness and ill-befits a city making any metropolitan pretensions. Dr. Roswell Park is eminently qualified for the position, and it is no disparagement to the Buffalo profession to say that none of its members are more widely, or perhaps even as widely or favorably known as he, for those qualifications which are looked for in a successful teacher.

The Wayne County Medical Society held its annual meeting at the office of Dr. Wm. Brodie, of this city, on the evening of the 4th inst. The regular order of scientific work was suspended, and in lieu thereof the retiring officers read their addresses and reports, after which the officers for the ensuing year were elected. Dr. Brodie was for the fifth time elected to succeed himself as president of this flourishing society, or, more properly, medical club. On adjournment of the meeting Dr. B. invited the members into his dining room. It it needless to state that the invitation was accepted with an alacrity worthy of a more scientific cause. The members were disposed around the board *in more jucundo*, as it were, and—(here the curtain falls.) During the evening Dr. Brodie was made proxy for his better half, and as such was made the recipient of a very beautiful case of silver, comprising teaspoons, dessertspoons, etc. Dr. Klein made the presentation speech in that felicitious manner for which he is so noted, and Dr. Brodie made a feeling and fitting response on behalf of Mrs. Brodie.

What can the Rev. R. S. B. Dennen, D. D., of New Haven, Conn., mean? In an address delivered before the Board of Foreign Missions in session in this city during the week ending 6th inst., he sought to inculcate the necessity "of saving man before you civilize him. Instead of first teaching a people, and then trying to save them, save them first and then educate them all you will." We presume this is to be *secundem artem*, theologically, although we cannot exactly understand it. It is a matter, moreover, which, in the division and specialization of modern labor, belongs more properly to the dominie than to the physician to discuss. We confess, however, to a somewhat peculiar interest in a statement to which the above was preliminary. Said the learned divine: "Rarely are students converted. They become lawyers and physicians, but seldom Christians." What can this reverend, and therefore presumably honorable and fair-minded, gentleman mean by such an assertion?

A writer in the Australian Medical Journal has heen reading the diploma of a Philadelphia medical college, and subjecting its Latin to the standard tests. He pronounces it hideously bad Latin, and full of such grammatical blunders as a school boy should be whipped for perpetrating. Among its questionable Latinisms is "*in more jucundo*," which is intended to describe the manner in which the examinations were passed. As this rendered in good English is "in jovial fashion," perhaps the expression is not as inept as the critic proclaims it to be. There are certainly some very jovial happenings in connection with graduation, and among them are the solemn faces with which professors declare before the public on commencement night, that the

student has passed a satisfactory examination for his degree. It's a roaring, jovial farce.

A medical Silas Wegg has arisen in a Western college. Here are several samples of his muse:

"O pyæmia, dread disease;
The one that's hardest to appease!
Do what you will, do what you may,
Your patient's bound to dwindle away."

He closes a lecture on erysipelas thus:

"When erysipelas you come to treat,
You've performed a wonderful feat;
By following out instructions given,
While other patients die, yours will be livin'."

This after amputations:

"Loss of blood affects all animals,
From the smallest insects to the largest cannibals;
And it becomes the surgeon in every case
To stop this vital fluid waste."

And still there are those who insist that the cause of medical education is not progressing!

The Emperor of Austria is reported to have got on a scale at the late International Pharmaceutical Exhibition, at Vienna, and suffered himself to be weighed to the delectation of the druggists, who found that his Imperial-Royal Highness touched the beam at 143 lbs. With all his chances for storing up weight, these moderate figures are very creditable to H. R. H., and we can readily understand how tickled the apothekers were at the compliment paid them. It isn't every day an apotheker gets a chance to weigh a live Imperial-Royal Majesty, and although the latter was found slightly wanting, the Chemist and Druggist thinks his druggist subjects will be less likely than ever to write *Mene, Mene, Tekel Upharsin* on his palace walls.

Our druggist friends should be on the alert for prescriptions for explosive compounds. A woman entered a New York drug-store recently, and handing the druggist a prescription, asked to have it prepared immediately. It called for a mixture of mercury, turpentine and nitric acid. The druggist first mixed the mercury and the turpentine, and then added to it the nitric acid from a bottle. Result: A diminutive earthquake which knocked the druggist down, burning his face, and ruining one and possibly both of his eyes. Immediately after the explosion the woman entered a carriage in waiting, and neither she nor the prescription have since been found.

The N. C. Medical Journal argues that it is more writing masters and not more Greek that is wanted, and gives an instance of an awkward error made by the printer through the illegibility of the MS. Doubtless bad MS. has much to do with typographical errors. And this reminds us of a book notice given by our contemporary in which it found fault with the proof-reading. This notice occupied less than half a page, and, singular as it may appear, it contained no less than six errors which the editorial proof-reader had overlooked. When we read the notice, the proverb employing the figures of stones and glass houses presented itself, but we are now constrained to lay the errors at the door of the bad chirography of the reviewer.

The Medical World is the name of a new exchange which has just been launched into the troublous ether of journalism. It proposes to revolve on its axis once in seven days, and has adopted as its motto: "No long articles; everything brief and practical; the current medical thought; all the medical news." It is somewhat microcosmical as to size, containing but 12 pages. Philadelphia is the protoplasm whence it was evolved, and Dr. C. F. Taylor will control its destinies. It is sprightly, and shows taste in its selections. It will give portraits of distinguished medical lights as premiums to its subscriber. Price $2.00 per annum.

The advantages of science are illustrated in the following: Cuvier the naturalist once awoke from his slumbers to find in his chamber an awful Presence. "Who are you?" demanded the man of science, much agitated. "I am the Devil?" was the reply. "What do you intend to do with me, now that you have come?" "To eat you," replied his Satanic Majesty. "Eat me?" roared Cuvier, much relieved. "Humph! Horns and hoofs—you are herbivorous. You can't do it." Thus saying he quietly resumed his nap, leaving his illustrious visitant completely baffled.

Dr. E. A. Romig, of Big Rapids, Mich., announces that he attended the birth of two pairs of twins within twelve hours, and asks, with the soupçon of a challenge in his air, "Who can beat this?" In the absence of greater explicitness, we are left purely to surmise whether this defiance comes from mothers to mothers, fathers to fathers, or accouchers to accoucheurs. To the party or parties most directly responsible for this remarkable coincidence unquestionably belongs the privilege of challenge, and we, therefore, assume that Dr. Romig, in issuing his challenge, if such it is, is acting merely as an agent in the matter.

A cynical Chicago contemporary prefaces a half-page quotation from a paper on the hygiene of the eye and ear, by a Detroit specialist, with the statement that it does so "not because of any value attaching to the matter, but to show what some people with a propensity for writing can intrude on the public." We might state that we refer to this matter not because of any importance attaching to such an utterance, but to show what some journalists with a propensity towards ill-nature can intrude on the profession.

The Emperor Sigismund, in conversation with Theodoric, Archbishop of Cologne, asked the Primate how he ought to act so as to obtain happiness. "We cannot, sire, expect it in this world." "What, then, is the way to gain happiness hereafter?" "You must live virtuously." What do you mean by that?" "I mean," answered the Archbishop, "that you should always pursue the plan of conduct which you promise to follow when laboring under a fit of gout or indigestion."

The Norristown Herald tells of a sad accident that recently befell a physician in its bailiwick. While he was visiting a patient, two children poured a pint of molasses into his hat, which he did not discover until he had put the tile on his head. Language cannot describe his feelings, but it is said he will petition the legislature at its next session to pass a bill making it a penal offence to give birth to a child less than twelve years of age.

A showman who has been letting out some of the secrets of his trade, says that in the case of the fat women who are exhibited, a hollow needle is made to penetrate the adipose to the areolar tissue, and through this air is forced until the subject is distended to her full limit. What is, therefore, commonly held as fat is largely made up of wind.

A writer in the British Medical Journal declares that the elevation of the head of the bed by placing under each leg a block of the thickness of two bricks, is an effective remedy for cramps. Patients who have suffered at night, crying aloud with pain, have found this plan to afford immediate, certain and permanent relief.

A patent medicine testimonial reads: "Five doctors and gallons of medicine failed to cure me." A secular contemporary comments on the statement by remarking that he ought to be thankful that they didn't kill him. It was a narrow escape.

Dr. Squibb has substituted for the ordinary blue and red litmus paper a single color, viz. purple. It is said to be a much more delicate test for acids and alkalies than the other, and is, of course, more convenient. Acids turn it red, and alkalies blue.

Dr. Eugene Smith, of this city, has been appointed correspondent for the United States, of the Revue Generale d'Ophthalmologie, of Paris. We congratulate the doctor on this recognition of his prominence in his specialty.

Fracture of the Neck of the Femur, with Inversion of the Foot; Recovery.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

On the morning of Aug. 16, 1882, I was called to see Mr. W., æt. 57, a well-proportioned, healthy man, of medium stature, who had fallen a few minutes previously from a wagon, his left hip coming violently in contact with some planking. As near as could be ascertained, he fell backwards and to the left, striking upon the great trochanter. Patient was unable to move without assistance, and suffered severe pain. When I first saw the case, he was lying upon the ground in a prone position, with the limb slightly flexed and rotated inwards, so that the left foot overlapped the right, with shortening to the extent of one inch. The position assumed by the limb suggested dislocation upon the dorsum ilii. However, upon careful examination it was found that the head of the bone rotated clearly in the acetabulum, that the trochanter moved with it, and that both thighs, on being flexed at right angles with the abdomen, were of nearly equal length. The left trochanter was decidedly nearer the line drawn perpendicular to the anterior superior spinous process of the ileum, than the right. The trochanter, which seemed thicker than that of the opposite side, was painful on pressure. Traction did not relieve the shortening, and moderate flexion gave very little pain. No crepitus; and permit me to state in this connection, that surgeons make a sad mistake when they manipulate all fractures until they obtain crepitus. Our diagnosis now became fixed upon intra-capsular fracture of the neck of the femur, probably impacted; and the following plan of treatment was instituted, which, although somewhat at variance with that laid down by authorities upon the subject, has been attended with beneficial results in this case: Putting the patient upon a firm, cushioned invalid's chair, we apply a long outside and a short inside splint, the long splint having a hinge-joint at the knee. These being well padded with cotton wool, we apply a bandage moderately firm, more so below than above, and extend it from the foot to middle of thigh. At the superior extremity of splint, and to its lower border, attach a narrow bandage four feet in length, pass this between the bed and the patient, then attach a weight to the distal end of the bandage. By this means the splint will adapt itself very closely to the injured limb, and thus render it immovable. The opposite side of the patient will impinge on the arm of the chair, and thus become stationary, while at the same time, by means of traction upon the superior and lower portion of the splint, you produce rotation outward of the inferior and upper extremity of the splint, and thus tend to reduce the inversion of the foot, which in this case added not a little to the comfort of the patient. The absence of bandages from the patient's abdomen, as well as from the upper portion of his thigh, conduce not a little to comfort. By means of an invalid's chair we are also enabled to move the patient from room to room, and thus give him a change of scene, thereby maintaining a healthy mental state, which has largely to do in the repair of all diseased conditions. I desire to say that in the treatment of this variety, and in fact in all varieties of fracture, success does not depend so much upon the particular splint used, as upon the position of the limb maintained. Without entering into tedious details of the history of the daily progress of the case, I desire to say that his recovery was uninterrupted, he being enabled, at the end of four months, to walk by the aid of a cane. There is, however, some limping, which will always be present, from the shortening of the limb.

It seems to me that in the treatment of fractures in this or any other locality, the nearer they can be maintained as simple, the better the result; hence it would appear that the practice as advocated by some, of cutting down upon and, by means of sutures, uniting the ends of the bone, is bad sur-

gery, because by this procedure you must aggravate the injury, by transforming a simple into a compound fracture. I think that, contrary to the opinion of some, the repair of this variety of fracture does not depend so much upon whether or not the nutrient artery is obliterated, because we frequently have the surrounding vascular periosteum remaining, which dips down a thousand little streams of blood.

That injuries of this kind are quite rare, is evident from the fact that Profs. R. W. Smith, Hamilton, Bigelow and Conklin each report but one case. Few injuries are of more practical importance to surgeons than those of the hip. Of frequent occurrence, difficult of diagnosis, and far too often resulting unfortunately to both physicians and patient, every case of injury of this form should go on record, and that with fullest detail; because it is by this means only that we can ever hope to reach exact methods of treatment. The points of special interest in the case reported, are the inversion of the foot and the age of the patient. It is true that in fractures of this region, whether intra- or extra-capsular, impacted or simple, the foot is almost invariably everted. Surgeons meet with all degrees of eversion, from that hardly perceptible to the fullest degree, so that the foot rests on its outer border. Upon the mechanism of eversion of the foot in these cases, there is no one opinion among surgeons. Sir Astley Cooper thought it due to the external rotator muscles, which are inserted into the trochanteric fossa, and the profession have quite generally adopted this explanation. More recent investigations, however, while not disregarding muscular action as a factor, prove without doubt that eversion of the foot is due to a natural teudency, from weight, to rotate outward. In impacted fracture, Bryant, Bigelow and others lay stress upon the peculiar anatomical formation of the neck of the femur, by which the cortical structure is thinner and more friable on the posterior aspect than that on the anterior, as a factor in the production of eversion. The force applied, the posterior portion would more readily be driven in than the anterior. It has also long been known that in exceptioual cases of all the various forms of fracture in this locality, the foot may remain in its natural position or be inverted. Paré was the first to describe a case of this injury with inversion of the foot. Various theories have developed to explain the mechanism of this position, but it remains for no single investigator to determine this, from the fact of the infrequency of the injury. Even in simple intracapsular fractures, great difficulty has been experienced in detecting the cause of inversion.

Mr. Guthrie says, "that inversion of the foot does not take place in fracture within the capsule," but cases are on record where post mortems have verified its not infrequent occurrence.

Mr. Langstaff (Med. Chirurg. Trans., Vol. 13, Part 2), reports a case where eversion at first existed, but was finally displaced by persistent inversion of this toes. The specimen showed a fracture through the base of the cervix (within the capsule), and the second between the trochanters.

Bryant teaches than when, from the direction of the force applied to the trochanter, the anterior wall of the neck is driven into the inter-trochanteric line, the limb will be rotated inwards and the foot inverted.

Conklin says: "In the impacted intra-capsular fracture, the causes producing inversion are very similar to those operating in the more common extra capsular impaction. In simple intra-capsular fractures, it is certainly reasonable to suppose that the fixation of the limb in the inverted position in which it has been driven by the fracturing force, may be caused either by the upper end of the lower fragment becoming imprisoned in a rent in the capsule, or by projecting spicula of bone penetrating the fibrous covering of the neck, or the capsular ligament.

Referring to this point in the description of his case, Dr. Bigelow says. "The inversion was due to the extent of the comminution, which had separated the walls of the shaft so as to receive in the interval the whole, instead of the posterior wall only, as commonly occurs, thus producing an anterior as well as a posterior impaction."

In fifteen gases of simple extra-capsular fracture of the neck, Dr. R. W. Smith reports three accompanied with inversion of the foot.

Dessault speaks of meeting one case of inversiou of the foot, in every four cases of fracture of the femoral neck.

The age of the patient at the time of this injury is quite unusual, intra-capsular fracture generally occuriing in quite old people. Of 24 cases treated by Bryant, the average age was 74 years. It may also be worthy of note, at this juncture, to say that all of the 24 cases treated by him resulted favorably, having union of the broken bones aud useful limbs. According to Sir Astley Cooper, out of 225 cases which he had met with in his practice, only 2 were below the age of 50. R. W. Smith treated 4 cases below the age of 50. Morgagni found this fracture in a woman, æt. 40, who had sustained it in her youth. Stanley found it in a boy æt. 18, and Hamilton in a girl æt. 16, and in a man æt. 25. Neither of the latter were cases of diastasis, for in one "the direction of the fracture was oblique, commencing just at the articulating surface of the head, and ending just within the capsule." Dr. John A. Wyeth also reports a successful case of the injury in question, in a woman æt. 70. John Hamilton, F. R. C. S., reports a case in the London Lancet, where a woman, æt. 56, suffered fracture of the neck of the femur in which union took place, but was subsequently refractured by a so-called "bone-setter."

A Case of Fracture of the Spine.

REPORTED BY HENRI G. McGREW, M. D., HONOLULU, OAHU, HAWAIIAN ISLANDS.

On Thursday, August 23, 1883, was called, in company with my father, Dr. Jno. S. McGrew, to

attend Theodore Perez, æt. 19, a Portuguese by birth, who had been tossed by a bull. Patient was lying on a sofa, in a seemingly helpless condition. On examination found no marks of external violence, with the exception of a scratch across the back, in the cervical region, evidently made by the bull's horn. On questioning the patient, he said his legs felt as if they were dead, whereupon further examinatiion revealed marked paraplegia. On discovering this, made a more careful examination of the spine. Found great tenderness on pressure in cervical region, but no deformity. Diagnosis rested

between severe spinal concussion, dislocation and fracture. The absence of deformity, presence of severe local pain, and the sudden onset of the paralysis, pointed very much toward fracture.

Had the patient removed to bed and placed in recumbent position, with directions to apply ice to seat of injury and to observe perfect rest and quiet. Saw patient again on same evening. No marked change. Some distention of the bladder, which was relieved by flexible catheter. On the evening of the 25th patient became quite restless. Took the temperature and found that the thermometer registered in the axilla 105° F., and between the thighs 107° F.; pulse averaged 90. Ordered potassium bromide, gr. xv.; chloral hydrate, gr. x; to be repeated every two hours until sleep was produced. Bowels were kept open by enemas, and catheterization was practiced twice daily. No unusual amount of cystitis occurred. Patient was able to partake of considerable nourishment from day to day. No signs of improvement occurred as regards the paralysis, but, on the other hand, the paralysis of the upper extremities increased. September 2, respiration became markedly affected, and from that the patient gradually sank, death taking place Tuesday, September 4, twelve days from the receipt of the injury.

Wednesday, September 5. Autopsy revealed a complete fracture through the body, of the sixth cervical vertebra, also through the superior articular process, with marked displacement. Fracture extended through the lamina of the fifth cervical.

The cord was very much softened and broken down, as a result of inflammatory process.

Hot Water in Puerperal Secondary Hemorrhage.

BY ZINA PITCHER, M. D., KALKASKA, MICH.

September 10th, at 8 P. M., I was called to see a case four miles northeast of this place. No word was left as to the trouble. I went immediately and found on arriving, the patient, a stranger, a weak, anæmic looking woman, suffering from puerperal secondary hemorrhage. I immediately gave a full dose of fluid extract ergot and proceeded to make my examination. Externally I could not detect the uterus at all. On passing my hand into the vagina I felt the organ. The impression imparted to the hand was that of a half filled bladder. Manipulations were of no avail. Ice and cold water, which had been thoroughly tried by a mid-wife, before I arrived, produced no effect. Remembering that I had a Fountain syringe in my valise, I detached the rubber hose and taking a teakettle off of the stove, I fitted it to the spout, and passing the other end into the vagina elevated the vessel. The result was all any one could wish for; the hemorrhage diminished rapidly and in a very few minutes had completely stopped. I then withdrew the tube, applied a wide bandage and compress, elevated the hips, and administered another dose of ergot. I waited about an hour, but as all was quiet, started back, after having given directions as to the patient and the medicine I left. On calling next day I found the patient weak but comfortable. I gave her a tonic and she continued to improve rapidly and is now in good health.

This little experience is calculated to teach two things: First, that the greatest care of a patient after parturition cannot be dispensed with; secondly, that the good results derived from the liberal use of hot water are unquestionable, and that it is one of the most valuable hæmostatics that nature has given us.

The Medical Age.

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FREE MEDICAL SERVICES AT THE UNIVERSITY OF MICHIGAN.—We feel constrained to apologize to our readers for taking up so much of their space with a matter which is so largely personal as is the following. We feel, however, that we may confidently ask their indulgence under the circumstances:

The very careful re-reading of the address of President Topping at the late meeting of the Michigan State Medical Society, and the reply thereto by Professor A. B. Palmer, of the University of Michigan, to which we were driven by the somewhat vigorous charge of careless and insufficient reading and misrepresentation, by the latter gentleman, in his reply in our last to our article on "Free Medical Services and Medical Colleges" in our issue of the 25th ult., has but confirmed our original conviction of the injustice of that charge. Dr. Palmer does us the credit of saying that he "would on no account accuse you (us) of wilfully misrepresenting," and we would not for a moment insinuate that he would wilfully do what he holds to be unbecoming in another, but (to again borrow his language) "the truth compels us to say that" the grounds on which he bases his charge of misrepresentation, are largely, if not entirely of his own manufacture.

The sentence in which the alleged misrepresentation occurs is the following: "to give gratuitous advice only to those able to pay for it 'would close up every hospital and abolish every clinic in the land.'" Dr. Palmer, in quoting these words from our article, neglects, with a carelessness which is more than caralessness in a case of this kiud, to make a proper use of quotation marks. By omitting the siugle quotation marks he makes it appear that we accused him of saying all that is enclosed within the double marks. Now, as to quotation marks, they be trivial things, but any gentleman whose experience in literature is as extensive as is that of Dr. Palmer, must know that their omission is very apt to do injustice, as in the present case, and anon to lead to extremely embarrassing situations. In our article we quoted Dr. Palmer's language verbatim, and another reference to that article (a careful re-reading of which we would recommend to our esteemed friend) will show him that we did not put the words "to give gratuitous advice only to those not able to pay for it," directly into his mouth, as he by his negligence in the use of quotation marks accuses us of doing.

Dr. Palmer says that what he did say was that "the objections of the address would close up, etc." He undertook in his reply to President Topping's address to summarize these objections, but notwithstanding the fact that Dr. Topping then and there called him to order and declared this summary to be incorrect, Dr. Palmer did not modify it, as he had an opportunity for doing either at the time, or before his remarks went to press in the Society's Transactions. It now appears that had he properly modified it he would have had absolutely no grounds on which to base his charge of misrepresentation against us.

It will, we think, be seen from the above that what Dr. Palmer characterizes as a misinterpretation on our part resolves itself into a mere difference in his and our interpretations of Dr. Topping's address. We interpreted "the objections of the address" to be "gratuitous advice to those able to pay for it," while Dr. Palmer's interpretation led him to say that its objections were "the gratuitous treatment of persous from county houses in the colleges and clinics, as disparaging to the poor-house physicians." We give herewith Dr. Topping's language, and shall content ourselves with letting our readers decide as to which of the interpretations is the more correct: "University hospital is filled with

patients who go there through economic considerations, many of them being abundantly able to fee a physician at home, and would do so were not cheaper terms offered them at Ann Arbor. These hospitals are extensively advertised at the public expense, and individuals from afar and near are induced to abandon their home physicians for the more economical terms which hospitals under State support are enabled to offer them." When, in his reply on the floor of the society, Dr. Palmer shaded his interpretation of these words after the manner we have indicated, Dr. Topping interrupted him thus: "I wish to correct. I simply wish to say that with reference to the poor there was nothing said about them; the only reference to the poor being made in quoting from the address of Bishop Gillespie. It is looked upon as an advertisement." Dr. Palmer: "Does the President say that he didn't make any statement in his address, that by taking the poor from the poor-houses to treat, the poor-house physicians were disparaged?" The President: "The assumption made by Bishop Gillespie was disparaging to them. But in the recommendations the substance was that they treated those abundantly able to pay their bills." The recommendations referred to were those in which the President asked the Society to consider: "3. The manifest injustice of giving gratuitous treatment at the University hospital to patients able to pay for medical services, and for whom such treatment was not originally intended. 4. The still greater injustice of treating at Ann Arbor non-resident patients by members of the medical college faculty in term time, or during the session of the college, and receiving compensation therefor, unless the same be paid over into the University treasury. 5. The extensive and unwarranted methods of advertising which institutes invidious comparisons between the professors and the profession at large, which is not only indulged in by the professors but by officers of the State to whom no such right is given." In his reply to the charge of gratuitous service Dr. Palmer said: "Patients come to us; we receive and do the best we can for them, come from whatever source they may. We cannot always know their pecuniary ability. The objections of the address, if sustained, would close every hospital and abolish every clinic in the land."

Dr. Palmer is "surprised that one of our acuteness did not see the point he made." The surprise is mutual, and we are especially surprised when we read the following statement of Dr. Palmer in connection with the above quotations: "I am aware that the President questioned the correctness of my statement, that he intimated that he had not objected to the gratuitous treatment of the poor, and that he endeavored to explain away what I was confident he had said; but I thought I understood his language."

We most cordially endorse the following suggestion which Dr. Palmer feels called upon to make in connection with our article which he criticizes: "Allow me to suggest that it is always best to get full information on a subject before attempting to express grave and authoritative opinions respecting it; and in criticising a published statement, especially in abruptly contradicting it, it is best to read enough of it with sufficient care to understand its meaning." We hope Dr. Palmer has no conscientious scruples against taking a dose of his own medicine.

Dr. Palmer's reply touches on other points, some of which are irrelevant though exceedingly interesting, to wit: the want of harmony between the profession and the medical department of the University, the pecuniary injury done the profession by gratuitous treatment in the University, and the question of personal motive on the part of any one undertaking to criticize what is being done at the State University. As each of these points would form a text for an article longer than the above, we must content ourselves by simply noting them at this time, and trust that our failure to comment on them will not "give rise to a suspicion in the minds of the uncharitable," or in the mind of Dr. Palmer either, who is not uncharitable, that this failure is an act of discourtesy.

DYSMENORRHŒA.—The Lancet devotes an article to a critical review of a recent paper on this subject, in which it takes occasion to declare in favor of constitutional as opposed to local treatment of the conditions to which dysmenorrhœa is due:

"There are few subjects more worthy of sound study then dysmenorrhœa. It has received for the last fifty years more attention at the hands of gynæcologists than ever before. But still it cannot be said that authorities are agreed on its essential causes. For a long time it came to be regarded as eminently a case for treatment by specialists. The mechanical theory of its causation largely ruled practice, in some few cases with brilliant relief, and perhaps cure, in others without success, and often with the effect of adding to the mischiefs which it was intended to remove. The very nature of the complaint, and the fact that in its serious forms it affects chiefly unmarried women, render the complete investigation of it a matter of much difficulty. The existence of more or less dysmenorrhœa in the majorityof women is a fact. Even those who are unwilling to recognize in this fact any argument against the capacity of women for competing in the labor market with men do not deny that in a large proportion, nearly fifty per cent., this dysmenorrhœa is considerable in amount.

We have a before us a paper by Dr. John Williams, on the Natural History of Dysmenorrhœa, which was read last year before the Obstetrical Society of London. We can do little more than direct attention to Dr Williams's principal conclusions from a large and painstaking observation of several hundred cases. He divides his cases into two sets—first, cases of primary dysmenorrhœa; secondly, cases of acquired. The acquired cases are so few (22) compared with the others (873) that we

need not here allude to them. It is not easy to do justice to the details which constitute the interest of such a paper as the one under notice. His conclusions are as follows:

1. "Dysmenorrhœa should be studied first under the least complex conditions—in single women.

2. Dysmenorrhœa in single women is rarely acquired; it is almost invariably primary—viz., it appears with the menstrual function.

3. Dysmenorrhœa in a few, but rare, cases ceases spontaneously a few years after puberty.

4. Marriage, if sterile, aggravates the disorder in many cases; it is only very seldom that it relieves the pain.

5. Child-bearing cures a large number of cases, and it is not impossible that were all puerperal complications excluded it would cure every case.

6. The proportion of sterile to fertile women subjects of primary dysmenorrhœa is one to twelve.

7. Menstruation begins in women who become sufferers from primary dysmenorrhœa at about the estimated average age for the appearance of the function in London.

8. Menstruation is regular in about two-thirds of the cases, and irregular in about one third.

9. The menstrual fluid is profuse in about two-fifths of the cases, scanty in about one half. It contains clots or shreds in about three-fourths.

10. The changes which take place in the fluid in the course of dysmenorrhœa are various, and cannot at present be classified.

11. The uterus is imperfectly developed. It may be too short, or too small in volume, or it may be defective in both respects. The cervix may be conical, and the os small and round, but stricture of the canal in any part of its course is infinitely rare.

12. The changes in uterus due to dysmenorrhœa are slight hypertrophy, erosion and eversion of the mucous membrane of the cervix, and catarrh. The cavity increases but little in length, for after years of suffering it measures rarely more than two and a half inches in length. In the early stages the tissues of the uterus are in some cases soft; in the more advanced, hard.

13. The hypertrophy of the uterus is probably the result of periodical increased muscular action.

14. Ovaritis and perimetritis and possible consequences of dysmenorrhœa.

15. The menstrual pain is the result of spasm of the uterus, excited by the separation and expulsion of shreds of decidua and clots, in an organ whose sensitiveness in the performance of its function is enhanced by inappreciable conditions of tissue dependent on imperfect development, often associated with others, such as anæmia."

THERAPEUTIC PROGRESS. The Medical Record quotes the following notes by Dr. Ad. Vomácka, of Leitzmeritz, as embodying in condensed shape some of the more recent suggestions of therapeutical literature:

Typhoid Fever.—Tinct. iodin., 0.5; glycerin., acid. carbolic., ää gtt. 5; tinct. ratanh., 10.0. Give 5 to 10 drops every one or two hours, in tea or coffee.

Alcoholism.—At the beginning give hypodermic injections of sulphate of strychnine, 0.005 per dose. Internally give several times daily 4.0 to 8.0 of tincturæ strychni. As a prophylactic put a small amount of strychnine in the whiskey.

Anorexia.—Give pepsin, with potassium phosphate.

Asthma.—Potassium iodid., 20.0; vini, 180.0; syr. aurant., 20.0. Sig.—One-half teaspoonful three times a day. After some days increase to one teaspoonful; continue for two or three weeks, then gradually decrease.

Ascarides in Children.—Sem. cucurbitæ decoct., 30.0; aquæ aur. fl., 3.0; mel. dp., 30.0. Give twice in the morning, then a dose, 15 0, of castor oil.

Condyloma of the Penis.—Wash with salt water, then powder with calomel; corrosive sublimate forms in small amounts, causing the condyloma to decrease.

Diabetes Mellitus.—Solution of bromide of arsenic is to be given in doses of one drop in a glassful of water. This dose is gradually increased to three drops three times a day, always in the same amount of water. The urine is to be constantly examined. When the amount of sugar is decreased, as usually happens in about fourteen days, then decrease the arsenic to one-drop dose again. This can be kept up for years. Extreme attention need not be paid to the diet, but ordinary care as regards acids, starchy and sweet food should be taken. The greatest enemy of the diabetic is bad air, the air of chambers. Fresh air is most essential.

Chronic Diarrhœa.—Zinci oxid., 3.5; sodæ bicarb., 0.5. Divide in four powders, and give one every three hours.

Diphtheria.—Potassium iodid., potassium chlorat., ää 4.0; aquæ, 100.0. Give one teaspoonful every half hour to children under five years of age, two teaspoonfuls to children under ten years of age.

Dysentery.—Decoct. quiniæ, 200.0; potass. chlorat., 4.0. Use in twenty four hours.

Epilepsy.—Sodii bromid., ammon. bromid., ää 10.0; aquæ, 300.0. Give four to eight tablespoonfuls per dose in infusion of valerian. As supplementary give extract belladonnæ, zinci oxid., ää 1.0. Div. in pil. No. 40. Give about four pills daily. Keep the bowels open.

Gonorrhœa.—Injections of chloral hydrat., 3 to 250 of water, twice daily. Internally, potassium chlorate, 3.0 per dose.

Whooping-cough.—Olei terebinth., 10.0; syr. altheæ, 80.0. One teaspoonful every three hours. Children between one and a half and four years of age may be given five to eight drops of tincture of eucalyptus in sugar-water, every three hours, or tinct. eucalyptus, 3.0; glycerin, syr. simpl., ää 15.0; aquæ, 100.0 One teaspoonful every three hours Cure may be expected in three or four weeks.

Phthisis.—Give twice daily, by an inhalation ap

paratuś, twenty drops of a mixture equal parts creasote and chloroform dropped upon a sponge. Internally iron (?), quinine, hypophosphites and cod-liver oil.

Insomnia.—Cannabinum tannicum.

Syphilis.—As a substitute for mercury: 0.3 bichromate of potassium in 600 parts of carbonic acid water.

Chronic Rheumatism.—Pulv. capsici annui, 8.0; adipis, 30.0. Rub upon the affected part for ten minutes with the gloved hand.

Warts.—Burning with sodium æthyl.

Hemorrhoids, bleeding, iodoform suppositories, 1 to 20. Fifteen suppositories ought to be sufficient.

Vomiting of Pregnancy.—I. Potas bicarb., 5.0; potass. dromid., 20.0; aquæ, 60.0. II. Acid citric., 4.0; 4.0; aquæ, 120.0. A teaspoonful of I, and a tablespoonful of II, mixed, and drink effervescing every half hour.

Some Queer Scenes at the Vienna Cliniques.—A correspondent of the St. Louis Courier of Medicine writing from Vienna, while speaking in terms of warm general praise of the advantages afforded the student at that medical centre, makes mention of some scenes which are poorly calculated to develop those qualities of heart which are as essential to the practitioner as are qualities of head. It seems, however, that the stolid Teuton calmly submits to the indignities showered on him in the name of science, the professors of which at Vienna compliment themselves on the excellent control they have over their patients. The methods of the foreigner will scarcely ever become popular in this country, and it would prove rather unprofitable, we think, for the American student abroad who should attempt to transplant them to this soil. How many patients in this country would, for instance, submit to having fifteen or twenty awkward young doctors in succession haul away at their tongues until they were cut and bleeding from pressure on the teeth, and to having the laryngeal mirror shoved into their throats by these same embryo physicians until the miserable victim has vomited his insides out, in their bungling efforts to catch a glimpse of the vocal cord? Or, how many free American citizens would uncomplainingly submit to having a metallic speculum jammed repeatedly into their ears until they are forced to howl with pain, in order that young may be educated? Yet the patients at the Vienna cliniques submit to all this and much more without a murmur, well knowing that on their raising the slightest objection they will be summarily ejected.

The correspondent was struck with the disregard of human life, which amounts to brutality, of which the study is the frequent witness. One raw and gusty day last March, for instance, an immense thyroid tumor was removed from a poor woman of about thirty years of age at Billroth's clinique. The amphitheatre was cold, and to add to the discomfort, the floor was wet. The poor victim was allowed to lie there with no covering except her chemise and stockings, and even after the dressings had been applied she was kept in that condition for a long time before her removal to the hospital ward, simply because it did not suit the convenience of the attendants to attend to her. It is needless to say that the woman was soon added to the excellent facilities for the study of pathology at that renowned centre.

Another case: A man, æt. 48, was being asphyxiated from a growth in the larynx and Prof. Schrötter proceeded to perform tracheotomy. Everything proceeded smoothly until the patient began to gasp. Soon respiration and the pulse had ceased. This did not, however, cause the operator to desist, but he worked deliberately, and after an unconscionably long time got the tube into the trachea. Then began a remarkable performance with a view to resuscitation. Cold water was squirted from a syringe over the epigastrium, artificial respiration, after known method, was performed and electricity was applied, but all to no purpose. Schrötter, turning the case over to his assistants, left the room. The violent treatment to which the miserable victim was then subjected can only be imagined by one who is familiar with the unrestrained habits of the German student. The result was a rupture of the dead man's liver and spleen. The Americans who were present felt convinced that the bold plunge of the knife which the skilful surgeon of this country would have made after the respiration and pulse had ceased, would have saved this patient's life. It is to the credit of the American public that such scenes as these would not long be tolerated in this country.

The Death of Louis Thuillier.—One of the members of Pasteur's cholera commission, M. Thuillier, has himself succumbed to the disease. He was the youngest member of the party, but although only 26 years of age, had already distinguished himself. He contracted the cholera in the hospital at Alexandria, where he was engaged in its study, and laid down his life for his fellow men.

A writer in the Paris Figaro takes occasion to call the attention of Frenchmen to the death and the circumstances surrounding it, of this brave young man, who with three others went forth without beat of drum or blare of trumpet to meet a death more certain than that which hovers over the field of battle. The soldier in battle has at least the certitude that his country regards him with much anxiety during the conflict, and waits with baited breath for news of the result, and should he, perchance, cause victory to perch on his nation's banner, an ovation awaits him on his return. Not so, however, the scientist. He departs to meet the cholera, surrounded, if not by the indifference at least, by the inattention of his country:

"If Louis Thuillier had returned with his friends, it would not have been known that they had ever departed. Three lines in the journals would have sufficed to salute the return of four heroes, who, after having staked their lives for the safety of the human race, would have returned to their laboratory without beat of drum or sound of trumpet.

It was necessary that one should fall, overcome, to make us estimate the danger incurred by the others. Without this young death, which moves us, we would not esteem at their proper value the survivors, who have incurred the same danger with him, and who are equally entitled to our respect. If the death of Louis Thuillier had no other result than to call our attention to these obscure heroes of science, to encourage them in the future by the homage paid to their endeavors, to influence them to persevere in their life of courage and devotion to the public cause; we should envy him for this alone. It is cruel to die at thirty years, but when one dies thus, as an example, the mission of life has been well accomplished.

It is for this reason that the death of this young man, whom I had not the advantage of knowing, touches me as the loss of a friend. The reader will feel, as well as myself, whence comes this sympathy, which he, too, must certainly experience. It is not that we are overcome with emotion because death is upon us, for the disappearance of Louis Thuillier leaves no void in our existence. But we feel, one and all, that we owe a tender souvenir to this your scientist, who, in a measure, died for us, a victim to his devotion to humanity. Without having known Louis Thuillier, we love him; in his death, on the battle field of science, he appears to us, if not with the laurel of the victor, at least with the halo of the man, who passes through this life with a higher thought, to which he sacrifices all else; who might have had his life filled with pleasant joy and ambitions easily satisfied, and who prefers to these the constant and generally obscure contest, to make his science take one step forward.

We need not despair of an epoch, which sees such brave young men, whose short existence may serve as a lasting example, and whose death leaves a void in the scientific world, though the victim have not yet counted his thirty years. It is our duty to pause before this tomb and to act as interpreters of public opinion. The future heroes of science, who are ready, themselves, to die for their cause, will at least know that we are neither indifferent nor ungrateful."

A Vegetarian Diet.—Dr. John H. Trent, of Brooklyn, N. Y., writes:

During the winter of 1873–74 a number of students, myself included, resolved to test personally the effects of a purely vegetable diet. We excluded all kinds of meat, oils, butter, fats, cheese, sugar, syrups, milk, tea, coffee, cocoa, chocolate, salt and pepper; all kinds of spices and condiments; all kinds of spirituous and malt liquors, yeast and baking powder. Our diet consisted of vegetables, fruits and the cereals. Whole wheat or Graham flour constituted the bulk of our diet. This was made into bread by the addition of cold water; air was forced into it by prolonged beating with a spoon. In this way a fairly light bread was produced. The great majority of the physicians of to-day would condemn such bread as unfit for human food, yet our stomachs did not rebel. Corn, oat and wheat meal was made into pudding for breakfast, to be eaten with stewed fruit if necessary.

By the absence of salt in the cooking and preparation of our food we were never thirsty, except after violent exercise.

We all changed abruptly from a mixed diet, with an occasional glass of beer, to the above exclusive bill of fare, without suffering in the least from ill health; in fact, several of our number gained flesh. I doubt if any of our most intimate friends, who were not apprised of the fact, would have suspected that we had made any change in our mode of living.

The imaginary need of the chloride of sodium was intense, and most difficult to overcome. This need existed only in the mind, as the body did not suffer in the least by its absence. After a few weeks this longing for salt subsided, and we could appreciate and enjoy the inherent taste of the food.

Our experiment extended over six months, and for some of the party much longer; prolonged through choice.

Several of us were strictly continent, but the normal seminal emission would occur during sleep, about every two weeks, the same as under a mixed diet. I am satisfied that there was no diminution in the sexual feeling or power, as some writers have asserted. Our bowels moved with unfailing regularity.

Mental susceptibility was the same as under a mixed diet of nearly one-half meat.

It is both interesting and instructive to know that man can actually gain flesh, maintain good health and spirits, on a diet exclusive of all kinds of meat, fats, milk and salt. It proves conclusively that chloride of sodium is not an essential element in the food of man, only as it exists in its natural state and combination in cereals and vegetables.

The assertion of Dalton, "that the consumption of chloride of sodium is based upon an instinctive desire for a substance which is necessary to the proper constitution of the tissues and fluids," is certainly doubtful in the light of the above results.

We think it fair to assume that man can thrive on almost any kind of exclusive diet, such as rice, corn meal, oat meal, wheat meal, milk, beans and potatoes. And he can abruptly change from one to the other, and from either to the most elaborate mixed diet, without the nutritive process suffering in the least.

Experiments in the Use of Naphtol for the Treatment of Skin Diseases.—Dr. Arthur Van Harlingen, of Philadelphia, reports in the American Journal of the Medical Sciences for October, 1883, the results of his experience with the use of this drug, which was first brought to the notice of the profession by Professor Kaposi, of Vienna, about two years ago.

He finds it is one of the most efficient and agreeable remedies for scabies which has yet been brought forward. Both in the rapidity of its action and in

its beneficial effects upon the inflamed skin it is superior to any of the means ordinarily employed for the cure of this disease. Its exact place in dermatic therapeutics remains to be ascertained, but he is inclined to think that it will not prove an unimportant one.

In eczema it has failed in his hands to give the same beneficial results as were obtained by Kaposi. In most cases of vesicular and in acute eczema generally its action is simply that of an irritant. On the other hand, it has a limited field of action in the cure of a certain number of cases of squamous eczema of the scalp.

In his opinion it is a valuable addition to our external means of treatment in psoriasis. Kaposi speaks well of it in psoriasis of the scalp in particular, and his experience would lead him to place it near chrysarobin and pyrogallic acid in effectiveness without the neutralizing disadvantages of either of these drugs.

In seborrhœa of the scalp naphtol is a decided addition to our means of treatment. While inferior in some respects to sulphur or carbolic acid, it has a certain range of usefulness which further experience will in all probability more exactly demonstrate.

Naphtol is highly lauded by Kaposi in the treatment of hyperidrosis, but in Dr. Van Harlingen's hands it has failed entirely, although used strictly according to his formulæ. He considers it quite valueless in this disease, so far as his experience goes.

His experience leads him to regard its effects in ringworm as inferior to almost all of the remedies at present used, and as almost entirely inefficient in most cases of tinea versicolor.

In pediculosis he has had no experience, but in a single case of pediculosis capitis its action was favorable.

THE TRIBULATIONS OF A COUNTRY OBSTETRICIAN.—The Journal of the American Medical Association says: Under this title a Dr. Pierre gives, in the Gazette Med. de Picardie, a very amusing account of his experiences. In one of his cases, where he assists at the birth of a child born out of wedlock, the mother of the mother is highly indignant, not at the condition of her daughter—that is a small matter—but that the mother of the father is not present at the birth, an indignity which she could not brook, but which was finally condoned by the arrival of the offending party. One case can well be given in his own style: "I was on duty at the Hospital Saint Antoine. One night, about 1 o'clock, I was awakened to receive a patient. She brought with her in her arms an infant that was nearly naked. I received her as an urgent case. The next day she gave me her history, but I will let her speak for herself: 'I am a very gay person, sir. I love the ball. I have not absented myself during my pregnancy, which yesterday passed the seventh month. At 10 o'clock last evening I was one of the first at the dance, near the Place du Tronc. I did my best. After several country dances I felt pains. So much the worse, said I, if it is coming this evening, as I have not reached my full time. I will leave the hall as late as possible. But the pains continued. The more I suffered, the more I danced. In the *cavalier seul*, which at our balls leaves the ladies to dance alone, seized with sharp pains, I made some astonishing contortions while dancing. I had a remarkable success. Then the galop followed, in which I seized my partner with a vigor I did not know I was capable of, when suddenly the waters broke. The accident was observed, but was attributed to a different cause. The jokes rained on me. I tried to escape; they pursued me. I ran out; they followed me. I passed down the Boulevard Mazas; some 30 of them were at my heels. Where the Mede Charenton branches off, I climbed over the board fence of a wood-yard. Fortunately, my pursuers had lost track of me. I sat on the ground; it was time; the child came five minutes afterwards. I have wrapped it up in my handkerchief; and small as it is, I think it will live.' She was right, both mother and child did well, and she left the hospital 10 days later without any disagreeable complication."

THE CONSUMPTION OF HORSEFLESH IN FRANCE.—British Medical Journal: The following statistics with reference to the consumption of horseflesh in Paris may be found interesting. The municipal statistics of the city of Paris show that in 1881 the Parisians consumed 9,300 horses and 400 asses or mules, which amounts to about two million kilogrammes of meat. The Hygiène Pratique et Gazette Hebdomadaire des Sciences Médicales de Montpellier regards this form of food as a valuable resource, when it is considered that many French people scarcely ever touch meat, in consequence of the enormous disproportion between the production of cattle and the population of the country. The same journal observes that science has long demonstrated the excellent quality of the flesh of the horse. This animal is essentially herbivorous, and no noxious element is elaborated in its animal economy; whilst its organic resistance to disease is such that out of 3,000 horses which were cut up, M. Pierre, a well-known veterinary surgeon, did not find one in which the viscera showed any traces of morbid lesions. Like veal and young beef, the flesh of the young horse is white, and its nutritious qualities are in direct relation with the age of the animal which furnishes it; but when the colt is three years old, its meat, already deep colored, is very nourishing. When the horse has attained full age, its flesh contains, in a maximum quantity, all the nutritive principles which are necessary. Liebig and Moleschott have pointed out that horseflesh contains more creatine, that is to say, more albuminous matter, than ox-beef, which makes it more nourishing. It has, in fact, been demonstrated that four kilogrammes of horseflesh are as nourishing as five kilogrammes of beef. The color is not displeasing, nor is the smell unpleasant; and its use in the treatment of diseases for which raw meat has been recommended does not

present the inconveniences which are often met with in the raw flesh of beef or mutton; in fact, every day large numbers of oxen, cows and sheep are killed which are known to be diseased, and of which it is feared to lose the sale. This can never be the case with regard to the horse, for most horses used for food are sent to the slaughter-house simply because they have become old or incapable of working, or because some accident has disabled them.

A NEW METHOD OF APPLYING PRESSURE TO ENLARGED TESTICLES.—In the Lancet for July 7, 1883, Dr. Corbett describes a simple method of applying pressure to enlarged testicles, which is calculated to do away with many of the objections against the ordinary plaster strapping. He prefaces the explanation of his plan by saying that he derived the idea from a homely source—nothing more or less than seeing the means employed for encasing a football. Barring that, instead of having the encasing made of leather, he had it made of India rubber, such as one sees in the construction of the balls in spray producers, etc. The cases he recommends should be made of different sizes and thicknesses, and oval in shape. The means of tightening the cases and applying the pressure would be identically the same as in the football cover, that is, by lacing. There should be an opening at the neck of the case to allow the passage of the cord. This opening would be surrounded by a ring (interrupted) of leaden wire, to insure its patency and to prevent pressure on the structures of the cord. The leaden wire ring being interrupted, its softness would offer no obstacle to its easy adjustment round the neck of the enlarged gland. With a supply of such cases the treatment of an enlarged testicle would offer but little difficulty. It would simply mean the selection of a rubber case of the right size and thickness, and capable, when laced up, of exercising a steady, equable pressure on the enlarged organs, and applying the case to the testicle and lacing it up. If considered necessary, the testicle could first be enveloped in a thin layer of cotton wool. This would prevent any possibility of the skin being nipped or chafed by the lacing. As the gland reduces in size, a smaller case would be applied, and thus a steady pressure kept up until a cure was effected.

The above plan has the advantages of simplicity, neatness, and quickness in its application to recommend it. It involves no elaborate apparatus, and does away with many, if not all, of the objections connected with the operation of strapping with plaster.

PESSARIES.—Dr. J. Matthews Duncan: In the present great abundance of contorted bits of wood, and metal, and vulcanite, and what not called pessaries, my advice to you is Punch's advice to a young man contemplating marriage —Don't! Think twice before beginning the often baneful practice of using any instrument, teaching a woman to depend on what, if not positively useful, is positively injurious, though perhaps not much so. Many a woman has suffered from, and many a woman has died of, a pessary; but most pessaries, as I find them in use, are nearly innocuous for evil or for good. They are always harborers of dirt, and they always keep the mind watching the part; they are liable to decay, and require, if long used, to be renewed. They all are undesirable additions to the contents of the pelvic excavation, and, if they are efficient, must, of course cause more pressure, though perhaps on different parts, than that caused by the organ or organs which they keep in an altered position. Curious things are anteflexion pessaries. In regard to their giving relief I express no opinion, but I do say that if they give relief it is not by undoing the flexion, and keeping it undone keeping the womb straight. I have seen most kinds of anteflexion pessaries as placed by their inventors, and too often replaced and replaced, but I have never seen one materially modify the flexion. I have myself never used one, and have no intention of doing so. There is another bad and too common practice which I must not omit to mention here, that is, what is called straightening or putting up the womb or replacing it time after time by the probe or finger. This has no other effect than to irritate the organ, for the displacement recurs immediately after the probe or finger is removed, as the practice itself shows.

THE KISS PSYCHOLOGICALLY CONSIDERED.—The psychological philosopher of Gaillard's Medical Journal gives the following ease and comments: Social circles and the reflecting portion of the medical profession (that is all of it) have been very much interested in the statement that, at a recent wedding at Wilkesbarre, Pennsylvania, the bridegroom immediately after the wedding ceremony gave his bride, as is often done, the familiar kiss, and then wrenching a leg from a chair proceeded to assault every one present—old and young, men and women, boys and girls—the bride only being excepted. The company fled in dismay, but this not protecting them, there was organized a corps as gallant as the "Old Guard" at Waterloo, and this, charging upon the bridegroom, captured and then confined him. He was found to be insane or delirious. The question to the psychologist is this, What was the cause of that condition? Was it that this man had never before kissed a woman, and was so moved that rapture became delirium? or is it that at times the kiss thus bestowed brings on a transport bordering on maniacal excitement? If either assumption be correct, it is evident that the medical profession is called upon to provide a remedy absolute and complete for so dangerous a contingency. If kissing a woman, or even a bride, for the first time has such an effect, there is but one rational remedy for it, and this is, that a man should get himself accustmed to such physiological

commotion by kissing women as often as he has an opportunity for so doing!! Such medical advise must command professional confidence, as it represents the most efficient mode of practice, that is, not the cure of this form of mania, but the prevention it. And the prescription, too, is such as to commend itself to the good taste and best judgement of every physician.

This young man, it is needless to say, was neither a physician nor a clergyman.

Needless, Useless Coughing.—In an address by Charles J. Hare, and published in the British Medical Journal, the writer has the following on needless, useless coughing:

There is in the world a great deal of what I am accustomed to call "needless, useless coughing." Where secretion takes place into the bronchial tubes, it must sooner or later be brought up; and for this purpose some "necessary" coughing must take place, or the patient will choke. But, both in organic diseases and in slight inflammatory or irritative affections of the air passages, there is often an immense amount of useless coughing—useless, that is, as regards bringing up any laryngeal or bronchial secretion, and far worse than useless, because it wears out the patient, prevents sleep, and, moreover, increases the condition which gives rise to it, inasmuch as it lets the affected parts have no rest or peace. Now, the effects of opium are both local and general; and if in mucilage of acacia, or tragacanth, or in glycerine, or with a thick solution of confectio rosæ caninæ, or honey, you give frequently from the one-fortieth to the one-twentieth of a grain of morphia, you not only give a marvellous amount of peace and comfort to your patient, but, where it is remediable, you tend also to cure the disease. A favorite formula of mine, varied according to circumstances, is:

℞	Liq. morph. acetatis.	ʒ iij
	Acidi nitrici dil.....	ʒ iss
	Oxymellis scillæ.....	ʒ vj
	Mucil. acaciæ.....	ʒ iiss
	Glycerini.....	ʒ ij
	Syr. rhœados	ʒ ij
	Aq. cinnam. (vel rosæ) ad.....	ʒ vj

M. To take one or two teaspoonfuls, five, six, or seven times in the twenty-four hours. The coughing in pertussis may be similarly relieved.

Microscopists at Dinner.—When the microscopists sat down to dinner, each one produced his compound oscillating microscope, and carefully examined every article of food. Excited shouts went up as new discoveries of metallic, vegetable, and sausage substances were discovered in the soup. An examination of the water resulted in the discovery of such an enormous quantity of infusoria, mammalia, and pachydermata that the microscopists unanimously refused to drink it. During the progress of the meal, much enthusiasm was aroused by the announcement of Professor White that he had discovered a trace of hairpin in the beefsteak, thus upsetting the theory that the beefsteak of American hotels is a chemically pure carburet of sole-leather; and at a later hour, Professor Black's assertion—based on a thorough microscopical examination—that he had discovered whortleberries in the whortleberry pudding, and wine in the wine-sauce, led to a heated discussion, in the course of which 38 microscopists declared that Professor Black was an ignorant and unprincipled pretender, and 11 others maintained that the Professor was acting in good faith, and that his discoveries could be accounted for on the theory that the waiter had given him, by mistake, a piece of whortleberry pudding made expressly for the landlord's private table.

Homœopathy.—In answer to a correspondent, who had proposed a test of homœopathy in one of the London hospitals, the Lancet says: "Our correspondent does not seem to be aware that homœopathy scarcely exists as understood by Hahnemann. Its most popular exponent in London has published a new doctrine of therapeutics, directly contradicting Hahnemann's fundamental principle. We published last week the suggestion of a Hahnemannian journal, to drop the word 'homœopathy' out of existence, as the only means of averting the imminent dissolution of the school. We are quite aware that there is a section of the public that believe in homœopathy; but they are attended by those who have abandoned all its essential principles while still retaining the name. The argument that homœopathy only needs a trial is quite untenable. It has been on its trial eighty years—as long, in fact, as vaccination. While vaccination is accepted by the whole world of scientific and rational men, homœopathy is without a chair in any university of Europe, and it is proposed by its own leaders to drop the very name. The attitude of scientific medicine to it *ab initio*, is thus thoroughly justified. The attempt to take shelter under the name of Dr. Sydney Ringer is now rather a favorite device of homœopaths. But it will not save either their scientific or their moral position. Dr. Ringer takes medicines as he finds them, and investigates their action in health and disease unhampered by authority, and he does not trade on a name."

Chronic Purulent Otitis Media, with Perforations of the Membrana Tympani.—Dr. Read J. McKay, of Wilmington, Del., having treated during the past eleven years 230 cases of otorrhœa, or, more technically, chronic otitis media with purulent discharge, presents for consideration in the American Journal of the Medical Sciences for October, 1883, some clinical observations upon such cases with old perforations of the membrana tympani, and endeavors to show that they are not the unsatisfactory and irremediable class of aural diseases which they have been regarded, and perhaps still are by many general practitioners as well as by

the public generally. And because of the well-known dangers from caries and necrosis of the temporal bones, meningitis, cerebral abscess, and purulent infection, which sooner or later may, and often do ensue, when they are disregarded or neglected, they should not in the future, as in the past, be permitted by physicians to pass from under their observation without any, or carelessly directed local and medical treatment.

His earlier cases were treated by various caustic applications, and they required usually several months' treatment to relieve or cure them. The later ones were treated with finely powdered boracic acid (the dry method), packed in the ears, usually filling the meati the first few visits, which generally checked the purulent discharge in a few days, and only required several weeks (usually about four) to relieve or cure them.

THE MASTER IN OBSTETRICS.—The University of Dublin having conferred the honorary degree of Magister in Arte Obstetricia on Dr. Geo. H. Kidd, it fell to the lot of Professor Webb to deliver the public oration on the occasion. This he did in Latin When an English orator translates his Latin quotation, he does it "for the benefit of the ladies," and for the same reason the Proceedings of the Med. Soc. of the County of Kings "proliferates" the following translation of Professor Webb's oration: "And now, O Juno, Goddess of Childbirth, lend me your aid. Assist, I pray, my genius in travail; for that chaste priest is now here to be honored, who is wont to preside over your rites and ceremonies with deepest reverence. Is it then that poetic repture deceives me?

'Constantly are heard loud voices and crying of Infants——'

not of infants, as below,

'Whom, deprived of sweet life, and torn from the breast
a dark day
Has hurried off—

but whom Juno herself befriending, this our master of the obstetric art has led forth to the light. At his birth a sign, a synonym of Hædus, shone forth—a brilliancy as they say, water bringing, if as is said of Danæ, showering gold. We all owe something to the obstetric art. Let us all salute the distinguished chief of this excellent art."

FOR MOSQUITOES.—The chilling winds of autumn have retired the pestiferous mosquito, and although the winter of our discontent will be made glorious by his absence, he will return again. It might prove well to charge the mind, against those dread days, with the following formula, which L' Union Médicale declares makes an effective fumigant mixture:

℞	Pulv. potas. nitrat.....	30 parts
	Acid carbolic.....	20 "
	Pulv. insecticid (Persian).....	125 "
	Pulv. carbon. lig.....	250 "
	Gum tragacanth.....	q. s.

M.

COLLODION FOR WENS.—Dr. Wm. H. Lamm, of Centreville, Ohio, writes:

An article in the October number of the MEDICAL AGE, by Dr. Carreaux, upon the removal of wens without the knife, has called the attention of the writer to the use of collodion as an application to wens, especially of the eyelids. I have succeeded in removing these troublesome little tumors in this way, by keeping the part well covered, in a short time, comparatively, without the least pain or inconvenience to the patient. The effect of this agent is, no doubt, by its equitable compression upon the tumor, producing absorption.

A physician in New York exhibits an irregular-shaped scar on his face, which he says is due to the deliberate malpractice of Dr. William A. Hammond. Dr. Hammond is a personal enemy of his and envied him the immense practice and popularity which he enjoyed largely because of his good looks. He fell one day and severely wounded his face on the pavement near Dr. Hammond's office. That gentleman was called to dress the wound. Here was his opportunity to wreak his vengeance on his rival! He deliberately introduced the sutures in such a manner that when closely tied they gave the wound a frightfully puckered appearance, in which shape it healed, and thus forever so disfigured the unfortunate gentleman that his clientele gradually forsook him. This dreadful story has just been published for the first time, and were it not for the fact that the victim who tells it is an inmate of a lunatic asylum and never saw Dr. Hammond in his life, it would tend to decidedly lower that genial and large-hearted gentleman in the estimation of his admirers, who embrace a very large number of the profession of this country.

The New York doctor is nothing if he isn't modest. Dr. Herman Knapp, Professor of Ophthalmology in the medical department of the city of New York, related the following in a recent address: "Ten years ago I was consulted by a Boston physician for a serious ophthalmic difficulty. I advised him to stay in New York and have his eyes treated. He asked me, quite astonished: 'Why, haven't we as good physicians in Boston as you have in New York?' I replied without feigned modesty: 'No, sir, and you never will have; for talent, like merchandise, has a tendency to seek the best market.'" The man stayed and was cured. The doctor in his modesty doesn't state, and therefore leaves it to be inferred, who the superior ophthalmologist was who wrought the cure. Such modesty is truly painful to witness.

The necessity of systematic exercise being conceded, the means of securing it becomes the question. The following is suggested as one of the cheapest and most efficacious, calling into action every muscle in the body, and at the same time subjecting none of them to that strain, the liability to which constitutes the great objection to gymnasiums

Take a strip of steel about two and a half feet in length and two inches in width. Have this regularly notched on one side, and fitted into a stong frame. Then take a large block of wood, say a stick of cord-wood, which place securely on a double bifurcated frame at a convenient elevation. The exercise consists in alternately shoving and pulling back the strip of steel across the block of wood. The operation may be facilitated by occasionally anoiuting the strip of steel with the adiposc side of a piece of pork rind.

Dr. E. Robbins Thornton, of Belleville, Mich., doesn't wish to brag, but the experience of Dr. E. A. Romig, as reported in the last issue of the AGE, extorts from him the following:

"I was called to attend Mrs. J., 8 o'clock P. M. At ten minutes after nine she was delivered of a plump 7½ lb. daughter. As I was taking the placenta, there was an alarm at the door and I was summoned to see Mrs. S., who at half-past ten gave birth to a well-developed son. A few minutes after removing the after-birth, I was hurried up to wait upon Mrs. C., who was made happy by the birth of a daughter at half-past twelve o'clock. A few minutes before extracting the secundines in this case I was sent for in great haste to aid and assist Mrs. W., who gave birth to a pair of twins. I left the mother and babes comfortable at half past four A. M. Here were five deliveries inside of nine hours." Next!

The defendant in a recent breach of promise case in Mercer county, Ohio, based his defence on the fact of the development of a fibrous polypous tumor in the uterus of his betrothed. This would seem to be a valid excuse for a man's not marrying a woman, but the plaintiff claimed that the growth was produced by and resulted from the protracted courtship, causing her to brood upon the prospects of entry into married life. It was proved by experts that prolonged courtship is harmful, superinducing a condition of erethism, and the jury awarded the plaintiff a verdict of $3,000 as a balm for her wounded feelings and polypoid uterus.

Dr. S. Cowan, Harriston, Ontario, writes: Fully approving of your mild censure of gratuitous medical services in the AGE for September 25th, in your article on "Free Medical Services and Medical Colleges," I would like if you or some of your ablest contributors would furnish your readers with a full description or account of the resemblances and differences between gratuitous medical services as given at medical colleges or elsewhere, and the gratuitous medical services given in connection with our and your boards of health. To most ordinary minds, I think the result is a distinction without a difference.

Any competent general practioner who, for personal or family reasons, ought to remove from an unfavorable locality to one very much sought by throat and lung patients, and with great benefit, elevation fifteen hundred feet, and absolutely free from malaria, can hear of a very desirable opportunity to purchase an established practice located as above, by addressing W. B. Nichols, druggist, Essex Junction, Vermont. The present occupant is, for domestic and business reasons, contemplating removing to the Pacific coast.

The uselessness of the thermometer in domestic practice is illustrated in the following: Said an Austin mother to the colored nurse, "I don't believe you have the water of the right temperature. You must get a thermometer." "What am dat?" "It is an instrument by which you can tell whether the water is too hot or too cold." "I kin tell widout de instrooment. Ef de chile turn blue, den de water am too cold; and ef it done turn red, den de water am too hot."

A writer in the Midland Medical Monthly lays down the following lucid guide to the treatment of nervous headache: "Keep your weather eye open, and when the storm cone is raised put your helm hard a-port, to correct the 'unstable equilibrium,' and unload your safety valve, to relieve the "gradually accumulating tension" and prevent 'disruptive and uncoördinated action.'" Reduced to the vernacular of the land-lubber these instructions are, to alter the patient's habits of life as much as possible, and take care of his diet and excretions.

The officers of the New York State Medical Society are making strenuous efforts to ensure a scientific success of the next meeting of that body. It is suspected that these guileless gentlemen hope, by making this meeting purely scientific, to forestall any action on the question of medical ethics. Herein they show their verdancy. Who will care for science and such trivial matters as the best means of alleviating disease, when the vital question of consulting with a homœopath comes to be discussed?

A French doctor who has just died at the age of 107, left the secret of his longevity in a sealed envelope, which was to be opened after his death. The prescription is as follows: "Let the head of the bed be placed to the north, the foot to the south, and the electric current, which is stronger during the night in direction of the north, will work wonders on the constitution, insure healthful rest, strengthen the nervous system, and prolong one's days."

Surgeon-General Charles H. Crane, U. S. A., died at Washington, October 10, of hæmorrhage of the throat. Dr. Crane was born in Rhode Island in 1826, and was appointed to the Medical Department of the Army in 1848. He attained the rank of Surgeon in 1861, and was promoted to the position of Assistant Surgeon-General in 1866. In August, 1882, his appointment as Surgeon-General was confirmed by the Senate.

The November number of the North American Review will contain a contribution from Dr. Norvin Green, president of the Western Union company, in opposition to the proposed government management of the telegraph; also, an article on John Brown, by

the Rev. David N. Utter, which is calculated to seriously affect the popular estimate of the hero of Ossawatomie.

The Laramie Boomerang gives it as its opinion that if the vast quantity of genius now employed in the invention of nauseating patent medicines in America, could be concentrated in the manufacture of papier-mache bowels for the millions of credulous dupes, the prospects of the country would increase very materially.

The hidden terrors of the vagina are being one by one revealed. Now comes Dr. T. Gaillard Thomas, who declares the contagiousness of uterine cancer, and the possibility of its being communicated to the male organ through sexual commerce. Husbands in whose wives uterine cancer has been detected should, therefore, be warned of their danger.

M. Victor Saint Paul has placed 5,000 at the disposal of the Paris Academy of Medicine as a prize to any person, whatever his vocation or nationality, who may succeed in discovering an infallible cure for diphtheria. This amount placed at compound interest will have reached colossal proportions when its rightful claimant files his proofs.

Says Jobling, in Martin Chuzzlewit: "We know a few secrets of nature in our profession. Of course we do. We study for that; we pass the Hall and the College for that; and we take our station in society *by* that."

New Books.

The following new books have been issued, and will receive fuller notice in subsequent numbers of this journal:

Published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York, and for sale by John MacFarlane, Detroit, Mich.

A Text-Book of General Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy in the University of Tubingen. Translated and edited for English students by Donald McAlister, M.A., M.B., Member of the Royal College of Physicians; Fellow and Medical Lecturer of St. John's College, Cambridge.

The Treatment of Wounds.—Its Principles and Practice, General and Special. By Lewis S. Pilcher, A.M., M.D., Member of the New York Surgical Society. With one hundred and sixteen wood engravings.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, A. M., M. C., Professor of Chemistry and Toxicology in the University of Vermont; Professor of Physiological Chemistry in the University of the City of New York; Chemist to the City of Buffalo, etc.

Types of Insanity, an Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allan McLane Hamilton, M. D., one of the consulting physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for Insane, etc.

Published and for sale by Bermingham & Co., 1260 and 1262 Broadway, New York:

The Pathology, Diagnosis and Treatment of the Diseases of Women. By Grailly Hewitt, M. D. Lond., F. R. C. P., Professor of Midwifery and Diseases of Women University College, and Obstetric Physician to the Hospital, Formerly President of the Obstetrical Society of London; Honorary Fellow of the Obstetrical Society of Berlin, etc. Edited with Notes and Additions by Harry Marion-Sims, M. D., Attending Surgeon to St. Elizabeth's Hospital, New York, etc. Two volumes. Price, $2.25 per volume.

An Encyclopædic Index of Medicine and Surgery. Edited by Edward J. Bermingham, A. M., M. D. Price, sheep, $6.00; cloth, $5.00.

Insanity, Its Classification, Diagnosis and Treatment. A manual for students and practitioners of medicine. By E. C. Spitzka, M. D., Professor of Medical Jurisprudence and of the Anatomy and Physiology of the Nervous System, at the New York Post Graduate School of Medicine; President of the New York Neurological Society, etc. Price $3.00.

The Diagnosis and Treatment of Diseases of the Ear. By Oren D. Pomeroy, M. D., Surgeon to the Manhattan Eye and Ear Hospital; Ophthalmic and Aural Surgeon to the N. Y. Infant Asylum; Consulting Surgeon to the Paterson Eye and Ear Infirmary, etc. Price $3.00.

A Practical Manual of the Diseases of Children, with a Formulary. By Edward Ellis, M. D.; Late Senior Physician to the Victoria Hospital for Sick Children; Late Physician to the Samaritan Hospital for Women and Children, etc. Fourth Edition, revised and enlarged. Price $1.00.

A Complete Hand-Book of Treatment. Arranged as an Index of Diseases to Facilitate Reference, and Containing nearly One Thousand Formulæ. By William Aitken, M. D. (Edin.), F. R. S., Professor of Pathology in the Army Medical School; Examiner in Medicine for the Military Medical Services of the Queen, etc. Price $2.50.

Impotence in the Male. By William A. Hammond, M. D., Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the New York Post Graduate Medical School; President of the American Neurological Association, etc., etc. Price $2.50.

Published by J. B. Lippincott & Co., Philadelphia and London:

Insanity Considered in its Medico-Legal Relations. By T. R. Buckham, A. M., M. D.

Published by P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia. For sale by John MacFarlane, Detroit, Mich.:

The Essentials of Pathology. By D. Tod Gilliam, M. D., Professor of Physiology, Starling Medical College; Formerly Professor of General Pathology, Columbus Medical College, Ohio.

Published by Henry C. Lea's Son & Co., Philadelphia. For sale by John Willyoung, Detroit, Mich.:

Elements of Histology. By E. Klein, M. D., F. R. S., Joint-Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew Hospital, London. Illustrated with 181 engravings.

Annual Report of the Board of Regents of the Smithsonian Institution, Showing the Operations, Expenditures and Conditiou of the Institution for the year 1881.

The Death of Mirabeau.

BY JOHN H. TRENT, M. D., BROOKLYN, N. Y.

During the last six months of his life he plunged into the most unbridled excess of intrigue, and sensual indulgence. At this period, when beyond all

others, his body required rest, and his mind demanded additional strength, he launched into a round of licentious amours so extended, so incessant, that it became wondrous that his body and mind did not fail entirely.

In a loose capital like Paris the shame of a criminal intercourse would be absorbed in the glory of that intercourse being with the mighty orator; wherfore did all manner of women, maidens, wives and widows expose their blandishments to him.

He was the most inordinately and wholesalely incontinent of all his cotemporaries.

Mirabeau about two years previously had quarreled with his physician, the celebrated Dr. Baignères. He now gave himself over to the exclusive care of a young literary surgeon, M. Cabanis, more noted as a scholar than a sound practitioner. Notwithstanding the earnest remonstrance of friends, Mirabeau clung confidingly to his medical adviser.

"I found him," says Cabanis, "breathing with great difficulty, the face swollen from stoppage of blood in the lungs, the pulse intermittent and convulsive, extremities cold, and himself making vain efforts to repress the cries his agony drew from him." The next day he revived, and his sanguine physician deemed him out of danger, to which Mirabeau replied, "It is very sweet to owe one's life unto a friend."

When the news that Mirabeau was dying was circulated over Paris, one young man put into the hands of Cabanis this note: "I have read in the public papers that transfusion of blood has been performed in England (1791) with success in severe illness; if to save M. de Mirabeau the doctors think the plan useful, I offer some of my blood; I offer it from the heart itself, the one and the other are pure."

He again grew worse; his physician urged a consultation. Mirabeau would not consent. He replied, "No, I will see no one; you have had all the trouble; if I return to life you will have all the merit, and I wish you alone to have all the glory." After a night of severe suffering, "the doctors, the doctors," he cried. "Were not you (to Cabanis) my doctor and friend? Have not you promised that I should be spared the anguish of a death like this? Do you wish me to die regretting having given you my confidence?"

Mirabeau believed that he was poisoned, a belief shared by many of his friends.

To Dumont he said at parting: "If I believed in slow poisoning, I should not doubt that I was poisoned; I feel myself decaying; I feel myself consumed by a slow fire."

It is interesting to note that Mirabeau suffered from frequent and severe attacks of ophthalmia, which seems to support the assumption that excessive sexual intercourse is injurious to the eyes.

It appears that Mirabeau's principal cause of suffering, on which he based the belief of his being poisoned, was severe attacks of gastric pain, of an intense burning nature, coming on directly after meals, sometimes accompanied by vomiting. These attacks were more apt to follow meals taken away from home, which naturally lent support to the theory of poisoning, but in all probability can be explained by the fact of his exercising less care in the selection of his diet when dining out. It is well known that the effects of food in producing pain in gastric ulcer differ widely.

On Sunday, April 3, 1791, the body was opened in the presence of 44 physicians and surgeons, a number of magistrates, and a deputy of 7 sent by the people. The published result of the post mortem was that Mirabeau had not been poisoned, but the private opinion of many of the physicians was strongly in support of the opposite conclusion.

M. Rondel and Baron Barbier were two pupils of Professor Gue, and the former of the twain, on examination of the stomach, found many erosions (holes eaten into it by mineral poisons), and having pointed them out to the latter, they both exclaimed that he had been poisoned. But their master, Gue, immediately drew them aside, and silenced them with these words: "He was not poisoned; he cannot be poisoned: understand that, imprudents. Would you have them devour the king, the queen, the assembly, and all of us?" The inquiring students were thus put down; but Barbier, whether he disclosed his sentiments or not, determined to satisfy himself; he took up a portion of the stomach, and found it corroded and perforated, evidently by a poisonous substance. He was about to demonstrate that fact, when he was called aside for a moment. On returning, the affected part had vanished beyond recovery.

Barbier rose to be surgeon-in-chief to the Val-de-Grace, and was for many years one of the most celebrated practitioners in Paris, and still maintained the same opinion.

Surely no argument is necessary to convince the most skeptical that Mirabeau died from gastric ulcer, detected but unrecognized; hence the theory of poisoning must fall to the ground.*

Lectures on Clinical Surgery at St. Mary's Hospital, Oct. 10, 1883.

BY THEODORE A. M'GRAW, M. D.†

GENTLEMEN: The first case which presents to-day is one of

Dermoid Cyst of the Tongue. This young man has a curious affection of the tongue. Ever since he can remember he has had a lump on it, which for many years was painless, but which, three or four years ago, became inflamed and suppurated. It was lanced on the dorsum by a surgeon, and ever since has caused him great annoyance by becoming periodically the seat of a painful and disgusting suppuration. It discharged last about a

*Gastric ulcer was not known to the general profession till described by Cruveilhier in 1838, and more elaborately a few years later by Brinton.

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month ago, and is now scarcely noticeable. If you grasp the tongue, however, about an inch back of the tip, you will feel an induration quite plainly, and will be able to squeeze out a drop of pus. In all probability, this is one of those cysts supposed to arise from some abnormality of fœtal development, which we call dermoid. These cysts are found near the middle line of the body, in the orbit, face and neck, and also in the ovaries and testes. They are lined with a skin-like membrane, on which grow fine hairs, and when they occur in the ovaries or testes may contain teeth or bone. The accepted theory in regard to those found near the middle line of the body, is that they spring from germs, deposited by the infolding of the external blastodermic layers, as the laminæ coalesce to form the various cavities of the face and body. These detached and aberrant germs, lodged in tissues to which they do not properly belong, develop in later life into cysts, which show their place of origin by their peculiarities of structure. In the case before us I shall hardly expect to find much of the original tissue, as the frequent suppurations have probably altered it beyond recognition. As regards the operation for its removal, I may say that operations may be as readily performed on the tongue as on any other part of the body. By inserting a tenaculum or toothed forceps into the organ, it may be drawn far out of the mouth and made quite accessible to the surgeon. You see how easily I make the incision on the under surface of the tongue and detach the cyst, and how little hemorrhage follows the cut. The wound is now drawn together with deep sutures, and we will now examine this small cyst which has made so much trouble. I am surprised to find that, notwithstanding the many inflammations to which it has been subjected, the cyst is still perfect, showing the lining integument, from which sprout numerous hairs.

Case 2.—*Enchondroma of the Upper Jaw.*—This young man has also a tumor, to which he ascribes a growth of fourteen or fifteen years. A large bunch projects under the left eye, which disfigures his face, and if you will look into the mouth you will see that the left side of the roof of the mouth is depressed. The tumor is exceedingly hard, and is either of bony or cartilaginous character. As enchonchomata are much more common in the upper jaw, I assume that it is a tumor of that nature. Now as regards the seat of the tumor, you will remember what I told you last Saturday, when operating upon the large cyst of the upper jaw. In that case an enormous cyst had distended the upper jaw laterally and below, but did not elevate the eye nor project into the nose. I told you then that it could not be a cyst of the antrum, because if arising there it would have distended the antrum equally in all directions, whereas it grew only into the cheek and roof of the mouth, and we concluded, therefore, that it had originated in the wall of the jaw, and probably in an alveolar cavity. The same is true, to a lesser degree, of solid tumors. They, too, grow in the direction of the least resistance, and if springing within the antrum, distend it in all directions. Now this tumor before us bulges out under the eye and projects into the mouth, but neither closes the nostrils of that side nor lifts up the eye. Passing my finger into the posterior nares, I can feel indistinctly an obstruction, which probably arises from some enlargement of the turbinated bones. My diagnosis is an enchondroma of the outer and lower walls of the antrum. Now as regards treatment, we have here an opportunity to make a brilliant operation, but we must apply the only rule which a conscientious surgeon ought even to regard, and determine the line of treatment by asking ourselves what we would have done to our own persons in a like situation. An operation here means the removal of the whole outer wall of the jaw and probably of the orbital plate and palate process. The eye, deprived of its support might droop and suffer a disturbance in its nutrition. The resulting deformity would be even greater than that which now afflicts him, and in addition to this, the removal of the palate process might seriously inconvenience and distress him by leaving a passage open from the mouth into the nose. If the tumor were growing rapidly, the operation might become a necessity, but the patient reports that its growth has apparently ceased. We will therefore keep him under observation but for the present abstain from active interference.

Case 2.—*Cleft Palate.*—This girl has a cleft hard and soft palate. You will remember that I operated upon her sister last Saturday to cure a similar defect, and she reports that a brother also is afflicted in a similar manner. In this case the cleft extends through about half of the hard and all of the soft palate. I shall operate after Langenbeck's method which consists in paring the edges of the cleft, and dissecting off the mucous membrane and periosteum from each side of the roof of the mouth through lateral incision made along the junction of the alveolar with the palate processes. Now as the walls of a cleft palate invariably rise at a steeper incline than that of the normal roof of the mouth the detachment of such flaps, still retaining their anterior and posterior connections, will result in their dropping together at a lower level so that the opposing edges may be made to unite with exceedingly little lateral displacement. The growth of bone from the periosteum makes a hard wall, which answers all the purposes of a hard palate. The closure of the soft palate unluckily does not result in so perfect a cure of the defect, for the soft palate is usually defective in size as well as un-united, and when it is made to grow together in the middle line, the resulting tissue is apt to remain stiff, unyielding and insufficient. In some cases, the speech after a successful operation is much improved, but in the most, there is but little difference. It is not only that the new palate is too rigid but also because the patient has not been accustomed to use it to influence the pronunciation of words and can no more acquire the facility of speech than one of us could learn to talk Polish. This operation to be successful to its

fullest degree in that respect should be performed in early childhood.

Now I shall give this patient chloroform although operating on a chloroformed patient is very difficult. But the operation is otherwise so horribly painful that I prefer to take the time and trouble which an anæsthetic demands. The patient being unconscious this gag is placed in her mouth and I cut with a sharp bistome a narrow strip of membrane from the apex of the cleft to the uvula on each side. This being done I cut a gash to the bone just above the teeth on each side of the cleft and proceed to dig away the coverings of the bone. Now I introduce silver wires with the needle which I show you, and tie the edges together. The operation has taken an hour and the interruptions from the awakening of the patient and her consequent struggles have been incessant and exceedingly disagreeable.

Jequirity—Its Use in the Treatment of Phlyctenular Keratitis, Phlyctenular Conjunctivitis, Ulcers of the Cornea, and Granular Lids.

BY EUGENE SMITH, M. D.*

Since writing the article on jequirity, which appeared in the Journal of the American Medical Association, Sept. 22, 1883, extracts of which were published in the last issue of the AGE, I have been experimenting with the drug in cases of phlyctenular trouble, and ulcers of the cornea; 8 cases of phlyctenular conjunctivitis. Typical cases got well in from three to six days, with one application a day of a solution containing two decorticated seeds to the ounce of water, and allowed to macerate for 24 hours before use. The solution was not filtered, and a fresh solution was made every eight days.

In one old case of obstinate herpetic disease of the cornea and conjunctiva with pannus, but without co-existing trachoma, two applications of a 3-per-cent. solution, 24 hours apart, produced the characteristic jequiritic inflammation, and cured the disease. The case was a dispensary patient, whose surroundings were very poor, and for whom all forms of treatment for several months previous had proved ineffectual.

A case of vascular ulceration of the cornea in a girl 11 years old, whose eye had been the seat of phlyctenular trouble since last February, and who has been constantly under the treatment of the family physician all this time, was cured in two weeks with the application of the solution, two seeds to the ounce, once a day. The ulcer occupied nearly the entire upper and outer quadrant of the cornea, and had existed several weeks. The affected portion of the cornea appeared staphylomatous, giving to the cornea a somewhat conical shape when seen in profile. It was a very severe case, and showed no inclination to improve after several days' use of atropia and the pressure bandage. It was apparently a suitable case for iridectomy or Samisch's operation, but before resorting to operative procedure I concluded to try the jequirity. So great a change followed its first application, I continued its use, and was pleased to see the severer symptoms disappear in three days, two weeks sufficing to cure the case, with but a slight (comparatively speaking) opacity being left. Twenty-four hours after the first application the congestion of the cornea and conjunctiva had very sensibly diminished, the color changing from a scarlet to a pale rose color. The same strength was used as in the cases of phlyctenular disease. In none of these cases was there any marked increase of the conjunctival secretion, or any indication of the jequiritic inflammatory characteristics as seen in the stronger solutions.

Two cases of diffuse thickening of the conjunctiva with thin pannus, a condition so frequently seen as a sequela of trachoma, have been under treatment about ten days with the weak solution, and both are improving wonderfully.

That others have failed in its use, I can very readily understand. Fear would deter many from using the stronger solution a sufficient length of time, as may be inferred from the following notes from my case-book of a case of trachoma with pannus, in which it (the 3-per-cent. solution) was used for three days, three times a day. After the fourth application to the conjunctiva and lids, there was such intense œdema of the lids, particularly the upper, that it was impossible to evert the lids or open widely the eye. The cornea and entire conjunctival sac were covered with a croupal-like membrane. During next 48 hours jequirity (same solution) was applied five times. There was a most intense erysipelatous-like œdema of the upper lid, which hung down over the under lid and looked like a phlegmon. Conjunctiva was chemosed and whole eye covered with a thick diphtheritic membrane; the cornea seemed covered with a slough containing extravasated blood and looked not unlike a complete staphyloma of iris consecutive to a purulent ophthalmia of a virulent type with necrosis of the cornea, the iris seemingly covered with a false membrane of a wine color. No more medicine was used. There were great headache, nausea, febrile movement and pain, but no distinctly purulent discharge. Forty-eight hours later the swelling and redness of lids were nearly gone, as was also most of the diphtheritic membrane. The following day cornea was seen to be quite hazy with an extravasation of blood in the lower portion. There was also quite an extensive extravasation of blood in the lower half of the ocular conjunctiva. There had been considerable contraction of the superior rectus. Improvement continued without further medication and patient went home four weeks after first application seeing pretty well. No signs of the trachoma. This patient called to see me October 9th, about seven weeks after first application of jequirity and was pronounced well.

It is quite interesting after the above experience to read in the Recueil D'Ophthalmologie for August,

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1883, (which has just reached me) an article entitled: "Du Jequirity et de son Insucces dans le traitement des Granulations" Par le Docteurs Parizatti et Galezowski, that "there is no truth in the so-called curative means of jequirity; and more, the infusion of jequirity is far from having the harmless effects attributed to it, because some corneæ are lost after being submitted to these experiments;" and further on "once the inflammation shall have completely disappeared and the jequiritic infiltration be absorbed, we shall find the morbid granular elements in their primitive state, without having undergone the least modification." After reporting a case of failure the paper concludes by saying: "As for us, we think with M. Osio, of Madrid, that the method itself is not exempt from danger, because if in certain cases it aggravates the condition of the cornea and even causes its destruction, in other cases, more benign, it entrains most violent febrile phenomena, which, with children at least, is not entirely without danger."

That some patients are more susceptible to its effects than others is already an established fact, and that idiosyncrasics may influence its effects may be taken for granted.

It hardly seems possible that any one can expect all cases to be cured by jequirity, but that it will prove of inestimable value in ophthalmic practice I do not doubt. Its remarkable success in the cases I have spoken of above has placed it in the front rank of my armamentarium.

219 Fort street west.

Cancer of the Stomach.

BY SAMUEL BELL, M. D., PORT HOPE, MICH.

Case 1. Was called, August 12, to see Mrs. C., æt. 22 years, married 4 years; one child. Found patient very weak, almost pulseless, from metrorrhagia. She had been regular previously, but was now in an anæmic condition and complained of anorexia and frequent attacks of vomiting. Physical examination revealed cardiac lesions in right ventricle. Heart's action was very feeble and excessively rapid. Upon closer examination, dilatation of the walls of heart was diagnosed. Prescribed digitalis, with spirits ammonia arom., and ordered Seidlitz powder. The drugs were followed by marked benefit to patient; the vomiting ceased, appetite improved and heart became stronger and its action more regular. About eight days after my first visit I was called again, in a great hurry, the messenger stating that Mrs. C. was dying. At this time I found all her former symptoms aggravated. Heart's action very weak and having only one sound; excessive vomiting of bilious matter; some pain in region of stomach, particularly when vomiting. Menorrhagia had ceased. No febrile symptoms. The exact cause of persistent vomiting of bile was not apparent to me. Called counsel, but without any more light. Prescribed C. C. pill and counter-irritation over stomach, with very little benefit. Ingluvin, pepsin, bismuth, enemata, and all the standard remedies within reach, were tried for several weeks without any benefit, patient growing weaker, losing flesh, and having occasional muscular spasms, which would last for upwards of an hour, notwithstanding all remedies employed for amelioration. This treatment was pursued with some variations, keeping up nutrition as well as possible, until September 26, when death ensued. Ulceration of stomach was suspected, as was also cancer, vomiting of blood having been present on two or three occasions. No distinct tumor could, however, be felt in region of stomach until a few days before death. A *post mortem* was conducted by Dr. R. C. Ogilvie, of this place, and myself, in the presence of a witness. We found a large cancer, of the colloid or encephaloid form, beginning underneath the pyloric end of stomach and extending across the abdomen, attached to the deeper coats of the duodenum, ascending and transverse colon, with infiltration of submucous tissue and peritoneum. The form and situation prevented detection by physical exploration at an earlier date. Examination of heart developed excessive dilatation of right ventricle, which accounted for the abnormal action before death.

The above case is, probably, not without frequent parallel in the practice of medicine, and it is with the hope of shedding a little light, even though it be but a faint gleam, on the diagnosis, that I have reported this.

Case 2. Mr. W., æt. 40 years, a hard-working, industrious German, consulted me, April 21, 1881, for stomachic difficulty. Upon close examination, the symptoms revealed were those similar to an ordinary severe case of dyspepsia. Appropriate treatment was at once prescribed; the secretions of the liver corrected, bowels regulated, and stomach, with our usual remedies, in different forms and in different ways. Patient seemed to improve very materially for several months, visiting me weekly. During August of the same year the symptoms all returned with greater severity, patient complaining at this date of "something alive in his stomach," and was very reticent about believing anything to the contrary. Suitable treatment was again prescribed, but with no appreciable benefit. Pain in region of stomach increased; eructations of gas, but no vomiting. Bowels became very much constipated, taking an abnormal amount of cathartic to have any effect. Dismissed the case as one beyond my skill, telling him that I suspected a cancerous growth in or near stomach. Was called again to see him in January, 1882. At this date he was very anæmic; had frequent attacks of vomiting, and all the former symptoms aggravated; pulsations of aorta could be distinctly felt, and upon very close inspection I detected a hard substance near stomach.

Prescribed anodynes, nutriments, etc. Patient finally died from inanition. *Post mortem* revaled a large cancer of the scirrhous or colloid variety. Lungs presented a peculiar mottled appearance;

liver had large deposits; the remainder of the organs were comparatively healthy. The cancer completely surrounded the pyloric orifice, closing entirely the pyloric aperture. The above developments, revealed by the knife after death, had the desired effect of removing all doubts as regards the cause of death, and giving satisfactory explanations with reference to *ante mortem* symptoms.

Poisoning by Camphor.

BY T. H. CURRIE, M. D., LEBANON, N. H.

In the last issue of the AGE I noticed the report of a case of camphor poisoning that brought to mind a case I was called to treat nearly thirty years ago. The patient was brought to my office in a carriage by two men who were obliged to restrain her by force, as she was having spasms. When we took her out of the vehicle she was as rigid as if frozen. Hereafter I will quote verbatim from my records:

Nov. 2, 1853, Col. P. P.'s wife with intent to put an end to her existence, took seven ounces of alcohol with seven drachms of gum camphor dissolved in it. (There was eight ounces of alcohol and one ounce of camphor in all, and but one ounce of alcohol and camphor left was in the bottle.) I saw her in about half an hour after she took the draught.

Symptoms.—Pulse 25 per minute, respirations 8, death-like paleness with contractions of most of the muscles about the lower part of her face, giving the countenance a most haggard look. Pupils fully dilated. There was death-like coldness all over the body. Her limbs were extremely cold. There was continual retching without vomiting; apparently great distress at stomach, continually groaning, etc.

Treatment.—Gave twenty grains pulv. ipecac, in warm water once in five minutes, and repeated it four times with mustard seed tea and large draughts of warm water before vomiting commenced, then gave it as often as necessary to keep up vomiting as long as we could smell camphor in the evacuations which was about 20 or 25 times. Then gave 20 drops of tincture of opium once in 20 minutes until the distress appeared to be abated; then once in one or two hours according the symptoms. Applied warm applications and mustard plasters over the stomach and extremities. In about twelve hours greater irritations of the stomach ensued, and vomiting occurred if more than a teaspoonful of any kind of drink. Gum water, slippery elm tea, milk and water with a little juice of meat were given. After a week or two of severe inflammation of the stomach she recovered her usual health. Mrs. P. lived about twenty years without again repeating her efforts to depart.

BY E. A. HERIG, M. D., SAGINAW CITY, MICH.

On January 24, about 4 o'clock P. M., I was hastily summoned to see a child taken suddenly with convulsions. I found a boy 18 months old, well developed, in a state of coma, pulse over 100, but irregular and not weak, but rather full. Face pale, pupils reacting slowly, body cool. The mother told me that the child had never before been sick, that the convulsions simulating epilepsy came on all of a sudden, and that she knew of no clue as to the cause of the attack. Further inquiries developed the fact that the little boy had played with a bottle in which the mother used to keep camphor gum. The contents of this had disappeared. As nearly as I could estimate as much as about 15 or 20 grains had been taken.

I at once gave an emetic, which vomited only once. The smell of camphor in the discharge was only very slight. I further gave the little patient a hot bath, stimulants, an other emetic, but with not much effect. But after a while I had the satisfaction of seeing the little boy for moments opening his eyes, breathing more regularly, but dropping back soon into a state of unconsciousness. I left the child quieter and much better after about two hours stay with him. Four hours later I was informed that he was better, more "clear in his brain" as the messenger put it. Next morning the child was still somewhat somnolent, but much improved. I didn't hear any thing of him thereafter, but have good reasons to believe that he fully recovered.

A Case of Post Partum Hemorrhage Treated with Liquor Ergotæ Hypodermically.

BY F. D. PALMER, M. D., MECHANICVILLE, N. Y.

October 5, 1883, I was called upon to confine Mrs. M., the mother of two children. Patient gave a history of *post partum* hemorrhage with her previous accouchments, and at her last confinement nearly died, requiring the efforts of four physicians to save her.

There was no trouble in the delivery of either babe or placenta. Upon the removal of the placenta, however, the blood came in torrents. I grasped the uterus with my left hand, through the abdominal walls, and with my right hand I injected subcutaneously twenty minims of liquor ergotæ purificatus. Twice did I try to remove my hand from the uterus, but upon each removal came a deluge of blood. All power of contraction in the uterus seemed to have been lost. I kept my hand upon the uterus until the ergot which I had given began to manifest its action, which was about twenty minutes after its administration. The uterus then firmly contracted upon itself in a short time, and I had no further trouble from hemorrhage. I remained a couple of hours, when I left her. Before leaving I ordered some 2-grain quinine pills, one every two hours, and ten drops of the ergot every four hours, until I called again, which was in about twelve hours.

Although the amount of blood lost was quite large, Mrs. M. rallied nicely. I called upon her today and found her sitting up in a chair, dressed, feeling quite smart. This hypodermic use of this preparation of ergot was extremely satisfactory.

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Surgical Diseases of the Kidneys.—At the annual meeting of the British Medical Association, Mr. Clement Lucas opened a discussion on "The Surgical Diseases of the Kidney, and the Operations for Their Relief," of which the following is an abstract from the British Medical Journal: He commenced by stating that the greatest advances in the treatment which had taken place of late years were those made in the indefinite border-land which separates medicine from surgery. It was in this barren and desolate tract we must look for fresh discoveries. Ovariotomy and the various operations upon the intestines and stomach he put forward as instances of work recently advanced in this territory, but he claimed as the most remarkable incident of this decade, the sudden light which fell upon the profession in its relation to renal disease and the rapid growth and recognition of renal surgery. The credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariotomy. Since then, extirpation of the kidney has been performed upwards of a hundred times. The operation of nephrotomy has been much more frequently undertaken, and the removal of a stone from the kidney, which used only to be attempted when a sinus or tumor existed, has been several times successfully performed before the kidney had suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it was necessary to exclude at once all such diseases as attack equally the two organs; hence, the various degenerations, included under the name of Bright's disease and lardaceous disease, must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only, for the most part admit of relief by operation.

Painful moving or floating kidney being only a mechanical disturbance, admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition. The adhesion resulting, serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, nephroraphy, is a somewhat serious, but still simple, undertaking. In eight cases in which it has been performed, the patients all recovered and were relieved. There might still be cases where intense suffering was experienced, and where the other means had failed, which would suggest nephrectomy. Martin, of Berlin, had in six cases removed floating kidneys through the peritoneum, and four of these recovered.

Hydronephrosis, a dilatation of the pelvis and calices of the kidney with watery fluid as a result of the obstruction below, admitted of surgical treatment when one-sided. After detailing the various conditions of the ureter, congenital and acquired, which might give rise to this condition, the author suggested these cases should be first aspirated, then cut down upon and drained through the loin; the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be returned through the loin.

In women these tumors have often been mistaken for ovarian tumors, and had been operated upon as such. Being movable, and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage, but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will,

however, show better results than nephrectomy generally.

Large isolated cysts of the kidney having no communication with the pelvis, were rare. They should be aspirated, any afterwards drained through the loin.

Hydatids of the kidney, also rare, had a tendency to discharge themselves through the pelvis. When forming tumors, they could generally be cured by aspiration or syphon-tapping.

Pyonephrosis, which resembles hydronephrosis anatomically, but contains pus instead of urine or watery fluid, when unilateral falls under renal surgery. The double pyelitis, with suppuration and distension, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term Reflux Pyelitis as better expressing this condition. Reflux pyelitis when one-sided was due to some obstruction in the ureter and then often gave rise to a large pyonephrosis. Other causes of unilateral pyonephrosis were calculous and strumous pyelitis. After speaking of the diagnosis and stating that these tumors were more adherent, and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times and of these seventeen recovered and eleven died, but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin and all these recovered. Hence, he argued, it was better to drain a pyonephrosis before performing nephrectomy.

Neoplasms of the kidney could only be treated by nephrectomy, and if this were performed early, there might be a good chance of permanent benefit. Generally they were too large to be removed except through the peritoneum, but of 5 cases removed through the loin, 4 recovered. Out of 16 removed by ventral incision, 10 died and 6 recovered.

Calculus of the kidney offered an excellent field for surgical interference, but the difficulty was to make sure of the diagnosis. Many cases of supposed calculus would turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured, but no ill-result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions and two cases had been performed successfully at Guy's Hospital during the present year. When the kidney was much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to injuries to the kidney, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed as giving the most room, viz.:—an oblique incision higher than the colotomy incision within about half an inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of meso-colon.

In conclusion, he urged, that antiseptic exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ; that when nephrectomy is decided upon, the extra-peritoneal operation through the loin should always be chosen for any tumor it is possible to withdraw through the limited space at disposal; finally, if this course be adopted the transperitoneal operation will be reserved for large solid tumors, and, perhaps, some floating kidneys.

National Traits in Science.—An article in Science, an illustrated weekly journal, recently established at Cambridge, Mass., discusses the peculiarities and points of excellence and inferiority of the different nationalities, which make pretence to distinction in the direction of science. While the article treats of no particular division of science, its remarks are quite applicable to medicine in its scientific features as it is cultivated in the different countries referred to. There are at present three principal currents of scientific work—German, English and French. In no other nationality has the current attained sufficient volume or individuality to warrant its classification as other than a tributary. The importance of these currents is in the order in which they are named, and German influence is now predominant over all the scientific world, students from all countries, excepting France alone, now flock to Germany and bring back with them the German methods, which are in this way blended with such as are developed *de novo* in their own country, and thus the sway of Germany over western thought becomes potent and wide spread.

The distinctive qualities of the German scientist is that he is an investigator. This he is obliged to be, as he wins his position in the hierarchy of learning by the original researches which he carries out. This necessity imposed on him, carries with it the additional necessity of a thorough familiarity of all that has gone before in the way of additions to the general fund of scientific knowledge; in order to know what is new the investigator must necessarily be familiar with what is old. It follows, therefore, that the German scientist is, perhaps, more fully abreast of the knowledge of the day than his confrere in any other nation, being fully posted as to the status of his department, and often displays a singularly just and keen appreciation of what problems are for the moment best worth studying as

being open for solution and leading to something further, or else filling the gap which is left. It is sad to think how much scientific work is wasted because the labor is not wisely directed. In strong contrast, however, with the German thoroughness is his literary style. German scientific writers are notoriously very awkward and slovenly in their literary composition. That conciseness, clearness and elegance of expression which obtains in England, for instance, is unknown in Germany, where an easier plan of great diffuseness seems to prevail. There are, of course, celebrated exceptions to this rule, but they are individual. The nation regards itself as having a decidedly philosophical tendency, meaning a facility at taking broad and profound views of the known; but its profundity is mysticism, its breadth, vagueness. Germany has contributed very little to the generalizations of science. She has produced no Linné, Darwin, Lyell, Lavoisier or Descartes, each of whom bequeathed to posterity a new realm of knowledge, although she has given to the world grand results by the accumulated achievements of her investigators. The German, moreover, has a very imperfect sense of humor, and this constitutes another serious obstacle to his progress. He is thus cut off from the perception of some absurdity which cannot be explained to him. It were easier to explain a shadow to the sun who always sees the lighted side. To state the whole epigrammatically, German science is the professional investigation of detail, slowly attaining generalization.

English science is the opposite of the German. In fact, the professional investigator has hardly been a recognized character in the English social organization. Until recently he was barely acknowledged even by the universities, who sought instructors who knew and could teach, who might investigate and discover in a subsidiary, and, as it were, unofficial way. The English investigator as he has existed, has been disconnected from the universities and colleges, and the writings of this class show the effects of this separation by a lack of thoroughness and imperfect acquaintance with investigations of others, and a failure to grasp the essential part of the problem. In brief, their writings appear behind hand and superficial, yet amid these poorer productions are to be found a right goodly number of scientific articles that would do credit to any nation. While the English lack in thoroughness of investigation they are trained writers. Their articles excel the Germans in literary merit, being rarely slovenly, either in arrangement or style, and are seldom wearisome from sheer diffuseness. The noteworthy characteristic of the English scientist is virtually in generalization. This is with the English the outcome of individual endowments, a single master attaining a broad conclusion—a process of individual effort quite unlike the German democratic method of generalizing by the accumulations of many. The English and the Scotch may be said to be Greeks of modern philosophy.

French science is decidedly provincial. The French have lagged far behind the great movement of recent years. Consider only how backward they have been in the comprehension and acceptance of the Darwinian theory, and remember, too, that it were wiser to take the main spring from a watch than to eliminate evolution from biology. The literary part of the French scientific writings is excellent. The keen, artistic sense of the nation displays itself here, but it also deludes them into presenting and mounting a survey of a greater field than is demanded by the actual discoveries they report. To satisfy this yearning for artistic completeness, elaborate and tedious disquisitions and hackneyed principles and facts long known are interpolated, and even worse, may be, when the imagination helps to create the completeness. Most scientific men harbor a little distrust of French work. This sentiment is further fostered by the almost systematic neglect of German research on the the part of the French. The French stay at home. They used to travel abroad much, and yet there are a few savants in France who are esteemed throughout the scientific world.

America's contributions to science are by no means very extensive, or very often important, that is as compared with the great volume of German production, in which comparison they seem almost insignificant. We have never duly fostered research, for we have bestowed upon it neither the proper time nor office. There are, we suppose, at least six thousand "professors" in the United States. Are there one hundred and fifty of them active investigators? The time seems remote when every American Professor will be expected to be also an investigator, or to contribute aught to the common fund, but among us is a little band of men who have before them the model of Germany, and who are earnestly working for the intellectual elevation of their country. The first object is necessary to render research more important in public estimation, and so to smooth the way for a corps of professional investigators. Every thoughtful person must wish success to the attempt.

Professional Amenities in Michigan.—Our contemporary the editor of the Detroit Lancet having noticed, in his periscope, an article in the Obstetric Gazette, which he, doubtless, thought would be of especial interest to his Michigan readers, took the liberty of making a note of it, as follows, for his October issue:

"In the *Obstetric Gazette* Dr. R. S. Sutton, of Pittsburg, Pa., corrects certain statements made by Dr. Herrick, of Grand Rapids, respecting European gynæcologists. In concluding, he offers to answer all questions Dr. Herrick may ask him, if he is able. He says: 'I was long abroad, and had access to everything, and I do not speak as did a certain Michigan professor of surgery, when he began his report of a number of ovariotomies by saying "since my visit to Dr. Keith." When I began to read his report, I supposed he had seen Keith operate, but when I asked my friend Dr. Keith how long he had visited him, he replied, "he did not see me operate,

but spent an hour or two talking in the room here with me." Now, I want to ask Dr. Herrick if it might not be as good for science to correct these shams in Michigan professors, as to find so much fault with foreign surgeons, especially kind to Americans.'"

The attention of Professor Donald Maclean of the Department of Medicine and Surgery of the University of Michigan, having been called to this paragraph, that gemtleman drops for the nonce his catling, and seizing the proverbially mightier weapon he smites Dr. Sutton and our luckless contemporary hip and thigh, after the following spirited and italicised manner:

"As I am the only professor of surgery in Michigan who has ever published a 'report of a number of ovariotomies,' there can be no doubt that I am the individual here referred to. At the same time, I defy Dr. Sutton to find anywhere in anything I have ever written, the words which he professes to quote from me, viz: 'Since my visit to Dr. Keith.'

"That Dr. Sutton either accidentally or wilfully misquotes my language, admits of ocular demonstration by any one who may feel sufficiently interested to glance over the paper which he professes to quote from. This being the case, what possible value can be attached to any testimony which he may choose to give, as to a mere conversation which took place months or years before?

"Dr. Sutton's attack upon my veracity is as groundless as it is ill-natured and unprovoked.

"*I saw Dr. Thomas Keith perform ovariotomy, both in his private practice and in the Royal Infirmary, and I assisted him along with Dr. Siddy. If I did not, then there is no such man as Dr. Keith, and there never was.*

"Even Dr. R. S. Sutton, who boasts so vaingloriously of having been 'long abroad,' and of having had 'access to everything,' cannot controvert a fact which has actually transpired!

"The bombastic egotism and sciolistic phraseology of Dr. Sutton's paper in the Obstetric Gazette (from which you have seen fit to make this choice selection), merely make him ridiculous, and harm no one but himself.

"This gratuitous insult to me, an unoffending fellow-practitioner, amounts to malicious libel, and ought, in my opinion, to have determined the exclusion of his article from the columns of a respectable medical journal.

"That *you*, sir, should have lent *your* columns to the promulgation of such a vile slander, without in the first place making, *for your own sake*, some slight effort to arrive at the *facts*, passes my comprehension!

"Living, as you do, within one block of me, and with telephone connection at that,* there could have been no difficulty in your obtaining a full statement of the truth from me.

"For a man of your wide reputation, as a *professor* of the religion of Jesus Christ, to be so ready and willing to 'bear false witness against his neighbor,' must be a sad and humiliating spectacle to all true believers and fair-minded people.

"Had Dr Sutton included professors of religion, as well as of surgery, in the proposition contained in that elegantly-worded sentence with which your quotation from his article closes, it would have added considerably to its force, and done something towards offsetting its literary lopsidedness.

"In conclusion, I ask you, as a matter of simple justice, to publish this communication in the next issue of your journal. I am, etc.,

DONALD MCLEAN."

While our contemporary does Professor Maclean the justice of publishing both his defense and his attack, he also sent Dr. Sutton a copy of the letter, which elicited from that gentleman the following dignified reply:

"119 PENN AVENUE,
PITTSBURG, Oct. 18, 1883.

Dear Doctor:

In reply to your letter, I have only to say that at present I have no reply to make to Professor Maclean. My statement in the Cincinnati Medical Gazette I believe to be true to the letter. But, later, I may be able to furnish conclusive proof of the statement. Respectfully yours,

R. S. SUTTON."

The editor of the Lancet, utterly demoralized by the avalanche of invective which his unfortunate propensity to furnish his readers with items of news, provoked, meekly peeps from 'neath the overwhelming mass, and has only breath enough to faintly reply:

"Thus it appears that the quoted statement is denied by Dr. Maclean and reaffirmed by its author, Dr. R. S. Sutton. From this correspondence we first learned that the statement referred to Dr. Maclean."

IMMUNITY FROM INFECTIOUS DISEASES.—Prof. R. Ramsay Wright reviews, translates and condenses from *Biologisches Centralblatt* for the Canada Lancet two brochures by Buchner as follows:

Buchner sees in the recognition of fungi as the cause of certain diseases, the greatest triumph which medical science has achieved in our century, but finds that the practical therapeutical consequences of the theory have been so far only very incompletely deduced. The attempts in this direction have hitherto been made in false directions—they either strive after protective inoculation, or direct combating of the fungi by the employment of antiseptics. It appears to be impossible to protect against all infectious diseases by inoculation; at any rate, it would be simply instituting a lesser evil for a greater. The internal use of antiseptics again is positively hurtful, for the poisonous action of antiseptic materials affects the tissues much earlier and more intensely than it does the much more resistent fungi. The very numerous cases of spontaneous cure of infectious diseases show, however, that there are circumstances under which the progress of a fungous-vegetation in the body is rendered impossible. Therefore it ought to be easy enough under favorable circumstances to prevent the beginning of such a vegetation, *i. e.*, to secure immuuity. What means does nature adopt in her struggle, so geucrally successful, against the invasiou of fungi? According to Buchner, inflamation is the weapon of the organism in such cases. The correctness of this view is established by an experimcnt made in 1877, which, however, he has not since repeated: A thread, impregnated with decomposing meat-decoction, was

*Dr. Maclean has recently removed to this city from Ann Arbor.

drawn through the middle of a rabbit's ear. When in a few hours the place in question was inflamed, the carotid of the same side was ligatured, and some of the same fluid then injected subcutaneously into the upper part of the ear. The result of these operations was gangrene of the ear: the gangrene, however, extended only over that part of the ear situated above the area of inflammation—the *part inflamed* proved itself an impassable barrier to the bacteria, so much so that the tissue lying below it remained unaffected. The inflammation caused in the first place by the bacteria is thus a self-protective reaction on the part of the organism, and in each case the question will only be, whether the inflammatory reaction can take place in the desired way, or whether the fungous-vegetations are so vigorous that they push aside the tissue cells and prohibet the inception of the reaction.

From this point of view Buchner attempts to answer the interesting question how it is that immunity from an infectious disease is conferred by a previous attack. The theories hitherto proposed he considers insufficient; he pictures to himself the process as follows:—When pathogenetic fungi get in anyway into the circulation, they are carried into the different capillary plexuses, where they remain, endeavoring in struggle with the tissue cells to effect a settlement. The different kinds of tissues will, however, conduct themselves differently in relation to any particular fungus. Most fungi will be able only to survive the competition in one kind of tissue, but will perish in all others. In this one tissue the reactive inflammation will develope itself. This leaves behind it a permanent alteration which prevents a second invasion of fungi; and as the organ in question is the only possible channel of entrance for them, the purely local alteration is thus the cause of the immunity of the whole organism.

Buchner's reviewer (G. Kempner, Berlin) points out that many known facts range themselves against this explanation (*e.g.*, the tendency towards recurring erysipelas), but considers Buchner's suggestion as to inflammation protecting tissues against the invasion of bacteria, well worthy of attention and experimental investigation.

Buchner believes that nature's curative process may be imitated by the administration of arsenic, which in small repeated doses produces the first stage of inflammation in the tissue sells, *i.e.*, increased nutrition and activity, in which condition they are better fitted to engage in a struggle with invading bacteria. Buchner has found arsenic of the greatest service in tuberculosis; he gives daily 10 mg.* of a watery salution acidum arsenicosum 1 to 2,000, attaining this dose in a few days He believes the theraputic value of arsenic in malaria, skin diseases, etc., to be also due to its property of exciting inflammation.

MATRICULATION EXAMINATIONS IN MEDICAL DEPARTMENT UNIVERSITY OF MICHIGAN.—In our article in issue of 10th inst., we supplemented a quotation from the Philadelphia Medical Times, by the report of a case which is alleged to have happened in one of our Michigan medical schools, which was calculated to illustrate the abuses which crop out under the existing system of absolute power vested in the colleges to receive and to graduate students. It was further intimated that under the existing system the interests of the profession are subordinated to those of the colleges, and that in order to put money in their purses, the matriculation examinations, the purpose of which is to keep out of the profession the illiterate, has become farcical, even in colleges making unusual pretensions. The case we mentioned was, we say, strongly illustrative of these propositions. It was reported to us in such minuteness of detail as to name and circumstance, and by such authority, that, taking it in connection with a condition of affairs which it no longer requires argument or evidence to establish, we had absolutely no grounds on which to base a question as to its authenticity. But inasmuch, as it was foreign to our purpose to point our moral or adorn our tale by holding up any particular college for especial attention, we scrupulously avoided any reference which might, even remotely, indicate the college in which the case reported is alleged to have occurred. It appears, however, that we reckoned without our host, and following our article Dr. A. B. Palmer, Dean of the Medical Department of the University of Michigan, made a demand on us to know whether it was his college we had in mind. It had been rumored, he said, that it was. In view of the explanations given above, and for other obvious reasons, we were obliged to give a categorical reply to Dr. Palmer's question. There are only four (three regular and one homœopathic) medical colleges in Michigan, and should each of them follow Dr. Palmer's method of discovery "the diagnosis by exclusion" would do the technically guilty college what would under, the circumstances, be an injustice. We disclaimed responsibility for rumors and intended the illustration to be general and not special in its application.

This reply did not satisfy our friends of the University, and assuming that the case reported was especially laid at their door, Dean Palmer gave it in a subsequent communication a most complete and unequivocal denial. Inasmuch as this second communication was not addressed to us but to our publisher we, of course, assume that it was not intended for publication. Justice, however, compels us, in view of its freedom from all ambiguity to publish its purport, and in doing so we would state that it would give us pleasure to publish an equally flat-footed denial from each of the other medical schools of this state, so that it might go out to the profession that the charge against the medical colleges of Michigan, notwithstanding the standing of our informant, who himself got his information at second hand, is absolutely without foundation in fact.

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*10 mg. = 1-7 gr.

An Unselfish Profession.—The question propounded by our correspondent, Dr. Cowan, in our last issue, will continue to press harder and harder for an answer as the ranks of medical practitioners become more crowded. We have endeavored to point out the great injustice done physicians outside of the medical colleges, by the system of free medical services which obtains in the latter. Tens and hundreds of thousands of dollars are through this system annually diverted from the pockets of the general practitioner. This money thus diverted from its legitimate channel is worse than wasted. It neither euriches the college professors, and its saving makes the large majority of those who are the recipients of the free service, very poor indeed. It has long been a settled fact that charity bestowed on an uuworthy object is harmful rather than beneficial to the recipient. It tends to the destruction of that personal independence which is inseparable from true manhood.

The principle on which gratuitous unmerited service by medical colleges is wrong, extends to all gratuitous service rendered by medical men, and the evil is not less actual because it is, perhaps, less apparent, in the matter of gratuitous service rendered the public on boards of health, state and municipal. The value of the service rendered the public by physicians on boards of health is inestimable, and would be so regarded by the public were such service not to be had without money and without price. The fact that physicians covet the privilege of donating it causes the people to hold it, as they hold everything else for which they do not pay, as a something of no value. The public should be educated up to an appreciation of such service, which would increase in positive value with a growing appreciation of it. Constituted as human nature is, men are extremely proue to hold the something which represents to them so much of their energy put forth in its attainment, as more to be prized thau that which comes to them without effort on their part. The physician, therefore, who generously douates his services to the public, correspoudingly brings those services into disrepute, and by his donatiou of them tends to defeat their very object.

As in the line of the above thought we give the following paragraph from a recent address by Dr. T. Clifford Allbutt, of the Leeds (Eng.) School of Medicine: "Less brilliant, but, in its steadfast unselfishness, perhaps incomparable, is the voluntary sanitary work doue by general practitioners before the establishment of sanitary districts. Of these services the careless public is yet scarcely aware. Did the members of any other profession ever seek odium, and even rancorous enmity, by persistent endeavors to cut down their own incomes in the interests of their clients? To speak plainly: enteric fever, for instance, was worth, perhaps, a steady hundred a year to many a town or country practice —not counting the luck of epidemics. Now hundreds of doctors—you know many of them yourselves—in human pity, have striven to suppress this and other such maladies; spoiling their own incomes and earning, uot the thanks, but even the curses of the public; offending not the poor, but the rich—the landlords, the thriving farmers, the poor-law guardians—the class upon whom the rest of their shrunken practice must depend."

On the Renal Circulation During Fever.—Dr. Walter Mendelsohn, of New York, in an elaborate experimental research undertaken at the Pathological Institute of the University of Leipzig, the results of which he publishes in the October, 1883, number of The American Journal of the Medical Sciences, eudeavours to determine by experimental methods the actual condition of the circulation in the kidney during fever. He finds:—

1. That in dogs with fever the kidney undergoes a diminution in its bulk.

2. That this diminution is due to a contraction of the walls of the bloodvessels; and,

3. That it is constant and progressive, being proportionate to the intensity of the fever.

4. That it is in all probability the result of a nervous stimulus, originating in the central (cerebral) nervous system from the irritation of abnormally hot blood circulating there.

From the intimate relations existing between the arterial pressure and the secretion of the urine, it will at once be evident that many of the changes occurring in the latter during fever may be readily explained by considering the above-named facts. Thus the decrease in the amount of urine secreted by fever patients, which has heretofore been ascribed to the increased loss of water through the lungs and skin (and which may amount to one-half, or even a third, of that normally secreted), becomes all the more explicable when the marked contraction is considered, which he here shows that the renal vessels undergo during fever. For in this case it is immaterial whether we accept the theory of Ludwig and his pupils, that the amount of urine secreted is dependent on the height of the arterial pressure in the kiduey, or that of Heidenhain, that it is due to the rapidity of the blood-current in the renal vessels. In either case the great contraction of the kidneys' vessels would produce both a diminished blood-pressure and a retarded current within the organ, and hence a lessened secretion of urine.

The occurrence of albuminuria, such a constant symptom in nearly all high fevers, becomes readily understood when we bear in mind the extreme anæmia which he finds affects the kiduey during a hyperpyrexia. For nearly all authorities are uow agreed that albuminuria is due to the glomerulal epithelium, in consequence of being insufficiently nourished with arterial blood, losing its function of retaining within the vessels the albuminous portions of blood plasma. The extreme seusitiveness of the renal epithelium generally to anæmia, whether partial or complete, has been shown by many observers, and it is not surprising, therefore, that in consequence of the prolonged and marked anæmia in the kidneys of feverish individuals, the epithelium

should be so profoundly affected as to seriously impair its function, and allow it to become permeable to albumen.

THE BEAUTIES OF THE CODE.—There is surely nothing in medicine proper that is not calculated to widen and deepen men, and yet the instances of narrowness which present are numerous. We will not say that the medical profession furnishes more narrow men than do the other professions, for the assertion could probably be successfully disputed, but there is, nevertheless a great deal of narrowness in it. Instances of this narrowness very often occur in connection with the "Code." The Indiana Medical Journal gives the following racy description of such an instance, for the essential facts of which it has the voucher of good authority:

Mr. R. was taken violently sick, and sent for Dr. Bunkum, who at once responded to the call and issued some medicine to him, which he said would be sufficient for that day, and that he would "call again to-morrow." The patient, however, naively replied, "I will pay you for this visit, and send for you to-morrow if I want you." Dr. Bunkum pocketed his fee and departed.

The next day the patient feeling no better, sent for Dr. Snappinham (regular), who came, prescribed for him, and promised to return at a certain hour the following day. This he was prevented from doing on account of a call to the country and in the meantime, the patient becoming worse and growing alarmed, sent for Dr. Boastum, of the eclectic persuasion, between whom and Dr. Snappinham there existed nothing but antipodal relations professionally.

Dr. Boastum promptly responded to the call, but had no sooner entered the sick chamber than he was informed that Dr. S. had been in attendance, and had been sent for but was then in the country. Dr. Boastum sprang immediately to his feet, as if he had learned that a torpedo was placed under him, and said, "You have sent for Dr. S.; he has probably returned from the country by this time, and you can send again; good day, sir!"

It happened that Dr. Snappinham had returned from the country about this time, and being sent for again hastened to the bed side of the sick man, who informed him at once of what had happened, and of the peculiar behavior of Dr. Boastum. This was more than Dr. S. could bear; the blood rushed to his face, his eyes kindled with rage, and he belched out, "Sir, by G—d, if you sent for Dr. Boastum you can send for him again." (Exeunt Dr. S. in high dudgeon.)

The patient, as a last resort, sent for Dr. Cloverblossom, a so-called Physio-medical, and who, it is believed, has not yet mastered the full import of that important term "ethics," but supposes it may mean some kind of a dangerous "mineral pizen." Dr. Cloverblossom, like a good Samaritan, visited, remained with and comforted the sick man. He had such an abiding faith in the wonderful virtues of "No. 6" and "*lobely inflaty*," that he held it to be sacriligious for any poor suffering mortal to be permitted to die without being subjected to a fair trial of their efficiency.

PROFESSIONAL ADVERTISING.—The Weekly Medical Review shows a proper grasp of the situation in the following: Professional advertising or rather unprofessional advertising, is justly condemned by both the spirit and letter of the code of ethics. It has come to be the sentiment of the better part of the profession, that it is inconsistent with the highest and best professional dignity to give certificates for publication, even in the advertisements in medical journals, and even with regard to the virtues of medicinal combinations for therapeutical purposes. There is no question as to the view of the profession with regard to the matter of physicians allowing their names to be used in connection with the advertisement of special remedies in the lay press. It is only a few years since a number of prominent physicians in New York City were most severely criticized for giving cirtificates as to the valuable properties of certain mineral waters, the certificates being published in connection with the advertisements of those waters in the various city and county papers. The result of the discussion on the subject and of the criticisms which were made, was that those certificates were withdrawn from the advertisements as published in the newspapers; and the principle was definitely settled that such certificate giving was unethical. In view of these facts, which are well known to the profession, it is a matter of serious surprise and deep regret to the profession of St. Louis, that there has appeared in a recent issue of one of the leading dailies of the city an advertisement of a combination of coca with tobacco under the name of "coca-plug," and the same was accompanied by certificates from six prominent members of the medical faculty, setting forth the valuable qualities of coca as a nerve tonic and stimulant, and advancing the opinion that the two in combination would be less deleterious than tobacco alone. If these certificates were given by these gentlemen for the purpose of being used in this way, they have shown a disregard for the well-known sentiment of the profession which was not to be expected of them. If the certificates are forgeries, they owe it to themselves and to the profession at once to enter suit against the company which has made such an unwarrantable use of their names. If they have any reasonable explanation of the matter, they certainly owe it to the profession to offer it.

SUGAR AS A DRESSING FOR WOUNDS.—The British Medical Journal quotes from an article by Dr. F. Fischer, in the Centralblatt für Chirurgie, in which he details the use and results of the use of cane sugar as an antiseptic dressing for wounds in the Strasburg Hospital. Hitherto the sugar has been finely powdered and used in combination with naphthaline, equal parts, or with iodoform, one part

to five of sugar. In cases of wounds united by suture the mixture is put up in gauze and applied to the part. Where there is loss of skin the sugar is sprinkled directly over the parts. The sugar dressing is fixed in place by some layers of gauze, deprived of fat, over which a layer of gutta percha is applied, and the whole secured by a bandage. The sugar dressing may remain from eight to fourteen days without the sugar dissolving. The secretion from the wound is equally distributed through the sugar, and it is only when the layer of sugar is too thick (more than about one-fifth of an inch) that lumps are formed. Healthy granulations with no tendency to bleed are developed, and cicatrization proceeds rapidly. In wounds united by suture healing by the first intention has always been observed. Dr. Fischer is not able to say whether the sugar is decomposed or what new products are formed.

Another writer, Dr. Windelschmidt, reports the use of sugar alone as a dressing with good results. He finds that for small wounds and ulcers, powdered cane sugar is not inferior to iodoform as a dressing, while iodoform is necessary in many cases, such as chancres and mammary abscesses. He calls attention to the fact that powdered sugar is a very old popular remedy in cases of fungous granulations, ichorous eczema and erysipelas of the face. He thinks that sugar, like iodoform, has its sphere of application, and joins Dr. Fischer in recommending that it be more extensively tried.

THE INFLUENCE OF LANGUAGE ON MEDICAL THOUGHT AND PRACTICE.—In an article on this subject in the Glasgow Medical Journal, Dr. W. J. Marshall lets drop some very thoughtful sentences. He insists on the necessity of thinking "straight," and gives some of the consequences of "crooked" thinking, the practice based on the latter being erroneous in proportion to the degree of divergence of the thought determining it.

Referring more directly to the influence of language on thought, he says: "There is another use of language to which attention has not been sufficiently directed, and one which is of the greatest importance in all complicated subjects like medicine. It is this, that words which are directly the signs of thoughts, become in long trains of reasoning like algebraical symbols, and are used as thoughts for the time being. We do not that is to say, fully analyze or spread out to our view, all that is contained in each of the complex terms which are made use of. This is one of the main reasons why so much nonsense is spoken and written without being challenged, and why it is so necessary to have recourse to definitions and explications of complex terms, and in any train of argument about which we are in perplexity to substitute these definitions for the terms in question, and then to see how that substitution affects the arguments made use of, or the descriptions given. Such words as "inflammation," "constitution," "infection," "contagion," involving so many phenomena and qualities, which are not always present to the mind when the terms are used, have done much mischief, and are responsible for many disputes in medical literature."

Had Dr. Marshall written in this country, he would doubtless have employed also the word "malaria" as an illustration of the "crooked thought" caused by the use of words. The term employed very often as a mantle of ignorance, is often guilty of determining a ruinous line of practice.

WOMAN'S INTUITION IN MEDICINE.—In the course of his address delivered at the celebration of the 100th anniversary of the establishment of the Medical School of Harvard University on the 17th inst., Dr. Oliver Wendell Holmes gave expression in the following paragraph to his conception of the part which woman might profitably play in medicine:

"I have often wished that disease could be hunted by its professional antagonists in couples—a doctor and a doctor's quick-witted wife making a joint visit and attacking the patient—I mean the patient's malady, of course—with their united capacities; for I am quite sure that there is a natural clairvoyance in a woman, which would make her as much the superior of a man in some particulars of diagnosis as she certainly is in distinguishing shades of color. Many a suicide would have been prevented if the doctor's wife had visited the victim the day before it happened. She would have seen in the merchant's face his impending bankruptcy, while her stupid husband was prescribing for his dyspepsia and endorsing his note. She would recognize the lovelorn maiden by an ill-adjusted ribbon, a line in the features, a drop in the attitude, a tone in the voice, which mean nothing to him; so the brook must be dragged tomorrow. The dual arrangement of which I have spoken is, I suppose, impracticable; but a woman's advice, often determines her husband's prescription. Instead of a curtain lecture on his own failings, he gets a clinical lecture. On the puzzling case, it may be, of a neighbor suffering from the complaint known to village nosology as 'a complication of diseases,' which her keen eye sees into as much better than his, as they would through the eye of a small-sized needle. She will find the right end of a case to get hold of, and take the snarles out as she would out of a skein of thread or a ball of worsted, which he would speedily have reduced to a hopeless tangle."

It must not be forgotten that Dr. Holmes is a poet, and poets have a license to say things which, coming from prosaic people, would sound very much like nonsense.

THE MANAGEMENT OF BREECH PRESENTATIONS.—It is, we think, the very general practice in cases of breach presentation, for the accoucheur to be solicitous to effect a speedy delivery, and manual if not, indeed, instrumental interference is the rule in such cases. The reason for this solicitude is, we believe, not very clear in the minds of the attend

ants. Frequently, doubtless, the importunity of friends determines it, and the accoucheur is impelled thereby to "do something." The advisability of the early interference so common in these cases is seriously questioned in an article by Dr. Richard Wood in the Midland Medical Miscellany. This writer enters a plea for patience and cries "hands off" until the head has engaged in the pelvis. He advises, in the first place, to leave the membranes intact as long as possible, or until the os has fully dilated, the cord being less liable to suffer from compression as long as it floats in the water. It is far better not to pull on the child at all. Let it come, however slowly, of itself. When the body is born is the time to act—to be officious in earnest. Press from the outside upon the uterus, through the abdominal wall and so squeeze the head out, with the right hand, and with the left introduced into the child's mouth bend it upon the chest and use gentle traction, at the same time encouraging the mother to make all efforts at expulsion. There is no use in placing the fingers on each side of the nose or upper maxilla, for there is no purchase there. Sometimes an amount of traction backwards to the coccyx may bring off the back of the child's head which impinges on the pubes.

The drift of the article is to inculcate the necessity of patience, and we think it is called for. Many a child that dies under a breach presentation would live if left to nature, but our impatience to deliver takes away its chance.

The Spread of Disease by Means of Books.—The British Medical Journal calls attention to the possibility of the propagation of infectious and contagious maladies by means of books. There can be no doubt that the specific contagia of many zymotic disorders, and especially of scarlatina, small-pox, typhoid fever, in the form of particles of material emanations from the bodies of patients, may attach themselves to the covers and edges of books, and so be carried from the sick to the healthy. In view of this fact great care should be exercised in the matter of removing books from sick chambers, and all books and periodicals which may have been used by the patient during his illness from zymotic disease had best be burned upon his convalescence. The danger of spreading zymotic diseases by books through the agency of lending-libraries and second-hand book shops must be very great in view of the above possibilities. It would be well if the literature of such establishments were occasionally subjected to an efficient disinfection. Persons recovering from zymotic diseases should remember that it is one of their duties to take care to avoid their infection of the healthy, and they should be taught to refrain from handing to others the books they have used during their illness.

The Abortion of Typhoid Fever.—A writer in the Medical Record, Dr. J. M. Ward, of Cornelia, Mo., refers to our characterization of the man who claims to abort typhoid fever, but is not deterred by it from saying that he has found the following effective to that end: "Tr. iodine gtt. x every six hours; Fowler's solution, tr. baptisia, ää gtt. v, every six hours, alternated with the iodine, so the doses come every three hours. In addition to the above, if malarial action be present, give quinine in three-grain doses during the night."

Our contemporary in commenting on the above says it prints it "not so much for its real value as to show how entirely unconscious of the nature of the problem (which he thinks he has solved) our esteemed correspondent is. He evidently belongs to the 'impressionist school,' of which we have before written. It is one thing to believe in a remedy, it is quite another to demonstrate its efficacy. In order to do the latter, evidence must be diligently collected and presented. The most careful records of the alleged aborted cases should be made, otherwise the skeptical world will say that they were not typhoid cases at all, but that the patients were, perhaps, a little bilious."

An Acid Solution of the Hypophosphites.—George S. Gerhard, M. D., in Medical Times: Mr. Hayes, of the St. George Pharmacy, has very successfully prepared, at my suggestion, a solution of the hypophosphites, without syrup, by dissolving the salts in water acidulated with hyposulphurous acid. The addition of a definite amount of this acid prevents the precipitation of at least two of the salts (iron and manganese), which in the syrups is accomplished by the protective power of the sugar.

The objection to the syrups is their excessive sweetness, and their liability to cause indigestion. The present solution, the formula of which I give below, is clear, slightly fluorescent, and pleasantly acid. It is a valuable tonic and stimulant, and is borne by the most sensative stomach:

Calcii hypophosphit.	
Patassii hypophosphit.	
Sodii hypophosphit.	ää gr. j
Quininæ hypophosphit.	
Manganesii hypophosphit.	ää gr. ½
Ferri hypophosphit.	gr. ½
Strychninæ hypophosphit.	gr. 1-120
Glycerinæ,	℥iij
Liq acidi hypophosphit.	℥ij
Aquæ.	ad f ʒ j.

A Liniment for Rheumatism.—The Quarterly Therapeutic Review says, methyl salicylate (oil of wintergreen) mixed with an equal quantity of olive oil or linimentum saponis, applied externally to inflamed joints affected by acute rheumatism, affords instant relief, and, having a pleasant odor, its use is very agreeable.

At the meeting of the N. Y. County Medical Society on the evening of the 22nd ult. occurred the first clean-and above-board test of strength in New

York City between the New Code and the Old Code adherents. In previous contests on this question strategy and tricks largely influenced the result, but at the annual election on the 22nd the issue was clearly made. The Old Code men had a very considerable advantage as regards their candidate for the Presidency,—Dr. T. Gaillard Thomas, a gentleman of great popularity and of rare personal magnetism. The vote on officers was, however, clearly understood to be on a question of measures and not men, and when the ballots were counted it was found by the election of Dr. Van der Poele, that the New Code was sustained by a majority of 155—Dr. Thomas receiving 220 votes and Dr. Van der Poele 375. This very decided vote very effectually settles the question of professional sentiment, outside of the specialists, on the New Code in New York City. The next and probably final struggle, will be at the meeting of the State Medical Society in the coming February. The result of that struggle is no longer very doubtful.

The average medical student will rise up to call Dr. Oliver Wendell Holmes blessed, while he has also suggested a thought which has a fund of comfort in it for the average lecturer. He tells of his once lecturing in an ill-ventilated room. As he saw head after head gently decline and one pair of eyes after another empty themselves of intelligence, he said, inaudibly, with the considerate self-restraint of Musidora's rural lover: "Sleep on dear youth; this does not mean that you are indolent, or that I am dull; it is the partial coma of commencing asphyxia." The atmosphere of the average medical lecture room is more soporific than all the drowsy syrups of the world, and it is unkind and cruel to charge, as has been so often done, the gentle slumber of the student to his indolence or to the professor's prosiness. Carbonic acid gas must hereafter bear the blame.

The Medical and Surgical Reporter tells of a chance meeting on the street of two old classmates on one of whom fortune had smiled more beamingly than on the other. "See here," said the latter "we were students together; you didn't work as hard as I did; how is it that you have such a large practice, while I can't get any patients at all?" The former gave the following significant reply: "Go to a barber's and have your hair cut; go home and take a bath, and put on some clean clothes; keep your shoes polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice." Here was the polished man and "the rough diamond;" the one made money, while the other commanded the greatest respect and admiration from those whose opinion was worth having. Which is most to be coveted? There is surely nothing incompatible in the two that they may not be combined in the one individual.

We notice in a Honolulu paper that Dr. Henri McGrew has been appointed Surgeon of the S. S. City of New York, of the Pacific Mail S. S. line, and that he is on a trip to Australia. Dr. McGrew graduated from the Michigan College of Medicine of this city last Spring and returned to his home in the Hawaiian Islands in July. The many friends whom he made during his college course will be pleased to hear of his fortune, and none will have any apprehensions touching his fitness for the responsible position, notwithstanding the fact, which is alleged, that he is the youngest surgeon ever appointed by the P. M. S. S. line.

It is only an unbounded faith in the veracity of our contemporary, the Canada Medical and Surgical Journal, which permits us to believe the following report which it gives us: The Record of the Canadian Patent Office shows that in June, 1883, one Francis McKay, of Lobo, Ontario, was granted a patent on the following prescription for a term of five years: "A compound composed of the following ingredients: Fresh unsalted butter, two pounds; black wool cut from the sheep's breast at the full of the moon, one ounce; three fresh eggs and flowers of sulphur, two tablespoonfuls."

Dickens: "The Doctor's prognostication in reference to the weather was speedily verified. Although the weather was not a patient of his, and no third party had required him to give an opinion in the case, the quick fulfillment of his prophecy may be taken as an instance of his professional tact; for, unless the threatening aspect of the night had been perfectly plain and unmistakable, Mr. Jobling would never have compromised his reputation by delivering any sentiments on the subject. He used this principle in medicine with too much success to be unmindful of it in his commonest transactions."

The Atlanta Medical Register thinks there are too many colleges and professors. It refers to Louisville as an illustration. There is, it says, too much medical professional ambition of a wrong sort there, and it advises the following heroic treatment: "Let every tenth aspirant for a college professorship be put upon the retired list, and if he will not be retired, let him be decently shot." If it had extended the treatment to every third such aspirant we should have seconded the motion. To remove only every tenth would be palliative at most.

"A New Guide to Conversation in Portuguese and English" gives the secret of the longevity of physicians: "A physician eighty years of age had enjoyed of a health unalterable. Theirs friends did him of its compliments every day: Mister doctor, say they to him, you are an admirable man. What you make then for you to bear you as well? I shall tell you it, gentlemen, he was answered them, and I exhort you in same time at to follow my example. I live of the product of my ordering without take any remedy who I command to my sicks."

A well-known provincial surgeon was being shown round a hospital by one of the physicians in charge. "Here," said the latter, "is an extraordinary case; I should like you just to listen to the

heart." "It doesn't interest me, my dear sir," was the reply; "I don't care for anything, above the diaphragm." Indeed! and have you any downward limit?" asked the physician. "Certainly, Poupart's ligament," was the prompt rejoinder. This is getting the bounds of specialism down to a very fine thing.

Dr. Wm. Goodell tells of an obituary notice, written by a friend of a lady who died from the effects of an ovariotomy, which contained the following somewhat singular statement: "Earth to earth, dust to dust, ashes to ashes. Passed from time into eternity without one brief moment's notice at ——, August 23, 1882, under the surgical blade of Dr. ——, of ——, and Dr. ——, of ——, assisted by two others, Mrs. ——, of ——, aged 53 years, 5 months and 2 days."

The Pittsburgh Medical Journal closes its third volume with its December number. It announces that it will then, for a time at least, suspend publication. The chief reason for such suspension is a contemplated prolonged foreign trip by its senior editor. We wish Dr. Gallagher a prosperous voyage and a good time, and hope that on his return he may see his way clear to again issue his always welcome little journal.

Cincinnati Lancet and Clinic: Enthusiasm is one of the most powerful engines of success. When you do a thing, do it with a vim. Do it with your might. Put your whole soul into it. Stamp it with your own personality. Be active, be energetic, be enthusiastic, be faithful and you will accomplish your object. Truly Emerson has said: "Nothing great was ever achieved without enthusiasm."

Dr. J. F. Baldwin, of Columbus, Ohio, wishes to add his mite to obstetric experience: Dec. 6, 1877, he delivered Mrs. J. S., at 1.30 A. M.; *vertex* presentation, first position. At 12 M., delivered Mrs. D. H.; *cross-birth*, arm down; turned and delivered. At 6.30 P. M., delivered Mrs. R. G. H.; *breech* presentation, first position. It would be well for the brethren to bear in mind that it is *variety* that is the spice of life.

The Philadelphia Hospital for Skin Diseases announces increased bathing facilities under the charge of an experienced balneologist. These baths are open only to such patients as are sent there by their medical attendants whose prescription of vapor, electro-vapor, medicated vapor, acid, alkaline emollient, astringent, etc., baths will be followed in detail. Dr. J. V. Shoemaker holds free clinics on Wednesdays and Saturdays, to which physicians and students are invited

The prophet Lister is not without honor save in his own country. On the occasion of a recent visit to Buda-Pesth he was received with great honor by the profession and students there. A banquet and a torch-light procession were given in his honor, and addresses of welcome, cheers and congratulations were freely showered on him.

The St. Louis Medical and Surgical Journal has enlarged and strengthened its editorial corps by the addition of the names of Drs. John B. Keber, of St. Louis, H. Christopher of St. Joseph, Le Grand Atwood of St. Louis, Wm. C. Byrd of Quincy, Ill., and A. E. Prince of Jacksonville, Ill. With such Aarons and Hurs on either side, Dr. Rumbold's hands will be sustained to good purpose.

The brain of Carey, the Irish "Invincible" informer, weighed sixty-three ounces, and was remarkable for its cerebellar development. Was this excessive cerebellum the cause or the effect of the characteristic animalism of the man? Let the physiologists and the psychologists wrangle over the question.

Dr. Holmes relates the following to illustrate the significance of small things in the sick room: "Will you have an orange or a fig?" said Dr. James Jackson to a fine little boy now grown up to goodly stature. "A fig," answered Master Theodore, with alacrity. "No fever there," said the good doctor, "or he would certainly have said an orange."

The Formulary: From the new primer: What is this? It is a Young and Anxious Father. Has It a bottle in Its Hand? Yes, and there's a Big Label on the Small Bottle. What does this Label spell? P-a-r-e-g-o-r-i-c. Where is the Young and Anxious Father going? He is going to the Bawl this Evening.

A French writer has made the curious observation that the initial letter of the French names of the five elements which enter chiefly into the constitution of organic matter namely Carbone, Hydrogene, Azote, (nitrogen) Oxygenc and Soufre (sulphur) spell CHAOS.

Any person having purchased a copy of the U. S. Pharmacopœia of 1880 and desiring a list of the corrections since made therein, can procure same by sending a two cent stamp to Wm. Wood & Co., 56 and 58 Lafayette Place, N. Y.

A correspondent writing from Hot Springs, Ark., says that the Springs are run by the devil and that he heals his own, so that those who come and receive no benefit can feel assured of their future welfare.

PRACTICAL CLINICAL LESSONS ON SYPHILIS AND THE GENITO-URINARY DISEASES. By Fessenden N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital, etc. Price, $4.50.
New York: Bermingham & Co.

This work is divided into two parts, embodying a course of clinical lessons before the class of the College of Physicians and Surgeons, New York. Part first includes the Study of Chancre and Chancroid; Part second, Gonorrhœa and its Sequelæ. The author does not accept the theory that the poisoning of the whole system by syphilis, is instantaneous, but that it is by invasion of the so-called degraded syphilitic cell, introduced at a point of abrasion

gradually multiplying and invading the system through the lymphatics and glands.

This degraded cell has not yet been distinguished by microscopic investigation from that of a healthy cell, and its effects is only determined from it by its excessive accumulation at its point of introduction. Nothing new has been advanced in the way of treatment further than that some form of mercury must be given and pushed until (without salivation) all symptoms have subsided at least a year.

Chancroid is not always due to a specific virus, but may arise from uncleanliness, and afterwards become mildly contagious.

The author's treatment of gonorrhœa after a review of different authorities upon the subject, is:

First—Explain the inefficacy of internal remedies and injections.

Second—Cleanliness and the prevention of its transference to other mucous membrane.

Third—Frequent warm applications to penis and always urinate with the penis in hot water.

Fourth—Milk diet principally, alkalies and demulcent drinks.

Fifth—Total abstinence from sexual indulgence, and anything that pertains to venereal excitement. Any case that gets well in a few days is not a gonorrhœa; and any case of gonorrhœa that lasts longer than six weeks owes its continuance either to sexual excitement, nauseous drugs or irritant injections.

The principal point for which Dr. Otis is entitled to credit is his advocacy of the radical cure of stricture by internal urethrotomy. He was, also, the first to demonstrate the fact that the calibre of the urethra was much larger than it was formerly supposed to be, and that many strictures of the urethra were left unrecognized and a gleet uncured.

In summing up his observations on the value of internal urethrotomy. He says: "In my own experience of over nine hundred operations, not only have I never had a death or a permanent disability of any sort, but I can say to-day that I have never performed the operation as advised in the foregoing pages, either to my own regret, or without marked or acknowledged benefit to the person operated on."

A careful reading of this work leads us to remark that it is prëeminently practical, and exhibits the author's thorough knowledge of the subject matter, backed up by extensive research and clinical illustration.

We confess that before reading we were somewhat skeptical upon some points which we knew had been advanced by the author, but we must now acknowledge that we are fully satisfied with the correctness of his views, differing as they do from the authors of text books upon these subjects, now in general use.

A Text Book of General Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy in the University of Tubingen. Translated and edited for English students by Donald McAlister, M. A., M. B., M. R. C. P.; Fellow and Medical Lecturer of St. John's College Cambridge.

The Treatment of Wounds —Its Principles and Practice. General and Special. By Lewis S. Pilcher, A. M., M. D., Member of the New York Surgical Society. With one hundred and sixteen wood engravings.

The two volumes above noted are respectively the July and August numbers of Wood's Library of Standard Medical Authors for 1883. They are important additions to this valuable set, being valuable in themselves and giving variety to the whole.

Of Ziegler's Pathology it is scarcely necessary to say more in order to commend it to our readers, than to note the author's position in a country which holds undisputed sway in the division of medicine of which it treats, while the position of its translator in a University which knows no superior in a literary direction, is all the guarantee which will be asked of the merits of the translation. While the work discloses a thorough familiarity with contemporary literature in its line, it is nevertheless stamped throughout with the author's individuality. The reader is not called upon to read much of a controversial nature, the plan of the work being a uniform and coherent doctrine. This is much to be preferred to a disquisitional treatise, even though the statements of the author may occasionally border on the dogmatic. The book is divided into six sections devoted respectively to Malformation, Anomalies in the Distribution of the Blood and of the Lymph, Retrogressive Disturbances of Nutrition, Progressive or Formative Disturbances of Nutrition, Inflammatory Growths, Tumors, and Parasites.

The characteristics of Dr. Pilcher's treatise lie in the clearness and conciseness of its style and in its adaptation to the necessities of the general practitioner. It starts out with a discussion of the principles of wound treatment. As subdivisions of this section it discusses the general consideration of wounds, the immediate effects of wounds, the repairs of wounds, inflamation, the relations of micro-organisms to wound-disturbances, asepsis and anti-sepsis, wound-cleanliness, wound-disinfection, and anti-sepsis. Section II is devoted to the practice of wound treatment, and this subject is treated of in chapters devoted respectively to the arrest of hœmorrhage, the general condition of the patient, the cleansing of the wound, apposition of the wound-surfaces, protection against disturbances of healing, antiseptic dressings, rest, the relief of disturbances of healing—inflamation, gangrene, erysipelas, septicæmia. Special wounds are then treated of. The varieties that may occur in any part of the body—subcutaneous, incised, contused, lacerated, gunshot, external communicating with fractures of bones and joint-cavities, occupy a section consisting of three chapters. Wounds of tissues common to all parts of the body-muscles, tendons, nerves and bloodvessels, take up another section of two chapters. The closing section is devoted to wounds of special regions and has four chapters devoted respectfully to wounds of the head, wounds of the neck and of the throat, wounds of the abdomen—of the pelvis, and wound

of the extremities—amputation. The volume closes with a complete index.

It would be very strange indeed if in the multitude of books which are being given out from a prolific press, some were not issued for which there is positively no demand in the necessities of the practitioner. The book before us is, however, emphatically not one of these. In the somewhat chaotic condition of the professional mind following the dethronement of Listerism proper, there is a demand for a work which shall lay before the every-day practitioner in readable form and divested of diffusencss, the best means of wound-treatment now in vogue. This want is very completely supplied in Dr. Pilcher's treatise, and its plan is quite clearly outlined in the synopsis of its contents as given above.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF WOMEN.—By Graily Hewitt, M. D., Lond., F. R. C. P., Professor of Midwifery and Diseases of women, University College, and Obstetric Physician to the Hospital; formerly President of the Obstetric Society of London; Honorary Fellow of the Obstetric Society of Berlin, etc. etc. A New American from the Fourth Revised and Enlarged London Edition, with 236 illustrations. Edited with Notes and Addition by Harry Marion Sims, M. D., Attending Surgeon to St. Elizabeth's Hospital, New York, etc In two volumes, octavo, 500 pages each. Price per volume $2.25
New York: Bermingham & Co.

The features of this treatise which distinguish it from others on the same subject are concisely stated by the American editor: It insists on better nutrition. It advocates the mechanical pathology of forms of uterine disease, viz., that pathological changes are produced by mechanical causes. The wood-cut illustrations of uterine displacements are of life size, which is an aid to the beginner. We have long known that the nausea of pregnancy is a neurosis, a reflex symptom which the author shows very conclusively to be the result of some form of uterine distortion, and which is always relieved by proper mechanical treatment. He further demonstrates most satisfactorily that hysteria in all its protean forms is a uterine reflex symptom (not ovarian as has been generally supposed), dependent always on flexion or malposition; and that to remedy the latter is to cure the former.

The work will occupy a prominent place in the literature of gynæcology both on account of its distinguishing features, as above stated and because of the forcible and clear manner in which it covers the whole field. Of the mechanical part of the edition before us it only remains to say that it is excellent, and particularly so in view of the price of the work. The typography and cuts are executed in a manner which leaves nothing to be desired, while the paper and binding are quite up to the average.

ELEMENTS OF HISTOLOGY. By E. Klein, M. D., F. R. S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Illustrated with 181 engravings.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

The little work before us is a 12mo. volume of 350 pages, and is the first of a series which has been projected by its enterprising publishers to meet the growing demand for concise and authoritative manuals on the various branches of medical science, in a cheap and portable form. The authors are well-known teachers or examiners who will present their subjects, including the latest developments, in concise and clear language. The series will therefore be not only a boon to students, but will serve the practitioner admirably as works for quick reference. When complete the set will embrace fifteen pocket size volumes of 300—500 pages each, profusely and accurately illustrated, and bound in red limp cloth. The following five volumes may now be announced, and information concerning the remainder may be obtained from the publishers at an early date:

ELEMENTS OF HISTOLOGY. By E. Klein, M. D., F. R. S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London.

SURGICAL PATHOLOGY. By A. J. Pepper, M. B., M. S., F. R. C. S., Surgeon and Lecturer to St. Mary's Hospital, London.

APPLIED ANATOMY. By Frederick Treves, F. R. C. S., Senior Demonstrator of Anatomy and Assistant Surgeon at the London Hospital.

HUMAN PHYSIOLOGY. By Henry Power, M. B., F. R. C. S., Examiner in Physiology, Royal College of Surgeons of England.

PATHOLOGICAL CHEMISTRY. By Charles H. Ralfe, M. D., F. R. C. P., Assistant Physician at the London Hospital.

The series certainly promises to be a valuable one, if the volume before us may be taken as a criterion.

Robert Clarke & Co., of 65 W. Fourth St., Cincinnati, announce a catalogue of medical and surgical books, periodicals and transactions from the libraries of two physicians lately deceased. They will be pleased to send a copy to any address upon application.

Sarcoma.*

BY FRANK W. BROWN, M. D.†

It is within a few years only that sarcomata have been set aside as a distinct class of tumors. The name, however, has long been used, and is one of those unfortunate words born in a time when the science of medicine was less exact, and living still when we wish it were dead. The term is derived from the Greek word meaning "flesh," and was applied to all growths having a fleshy appearance. Later an attempt was made to confine the word to tumors of muscular tissue, the myomata; but the obstinacy of these words is so great that the attempt failed. On what grounds the term was adopted to head the present class are not known, as sarcomata are not characterized by a fleshy appearance.

The class as it now stands comprises tumors formerly known as cancerous, recurrent fibrous, fibroplastic, etc.

As at present understood a sarcoma is a tumor of

* A synopsis of a paper read before the Micro-Pathological Club.

† Lecturer on Histology, Detroit Medical College.

the connective tissue class, and being very like, if not really, embryonic in character.

Embryonic connective tissue is composed of large, round, spindle or stellate cells joined together by delicate processes and embedded in a homogeneous, jelly-like substance.

Later this formless intercellular substance begins to fibrillate, the cells diminish in size and eventually matured tissue results.

Now, roughly speaking, the history of embryonic is the history of sarcomatous tissue, with the exception that in the latter development seldom becomes complete.

A sarcoma, then, is made up of a mass of cells pressed closely together, with a little homogeneous or slightly fibrillated intercellular substance. Like embryonic tissue it can, and often does, undergo development to a higher plane of connective tissue. This development is usually partial, rarely going on to completion.

If the intercellular substance fibrillate and increase in quantity, the cells joining somewhat in the process, fibrous tissue results and we have a fibro-sarcoma: or the tissue partially develope into cartilage or bone and a chondro- or osteo-sarcoma is formed.

The origin of the sarcomata is, of course, from connective tissues usually of the simple sorts, such as the fibrous tissues, subcutaneous connective tissues, neuroglia, adventitia of blood-vessels. Sometimes from the connective substances as bone, cartilage.

They begin, apparently, by a return of the tissue to an embryonic state, and if seen at this time are found to be composed of large cells with enormous nuclei and nucleoli embedded in the substance spoken of in connection with embryonic tissue. These cells are developed from the surrounding tissue as well as by subdivision.

This initial form can generally be seen in older sarcomata by examining the periphery; as a characteristic of these tumors is that they are of a peripheric, not central growth.

When encapsuled, as they sometimes are, this initial tissue can often be seen extending far beyond the capsule into the surrounding parts. This fact explains the oftentime recurrence of these tumors when removed. Many surgeons, finding them encapsuled, simply enucleate, when they are pretty sure to return through this tissue remaining.

Not only do they recur locally, but they are sometimes highly malignant. Their way to the system is usually through the circulation, and an examination of the blood-vessels and their distribution will show why.

Unlike cancer cells, which are isolated in little pockets, those in sarcoma are in direct contact with the vessels, which are very abundant. Not only this, but the vessel walls are very thin and oftentimes embryonic, allowing of rapid absorption. At other times they have no distinct walls, but are grooved out, so to speak, of the surrounding cells.

So weak are these vessels that they sometimes rupture, forming blood cysts in the interior of the tumors. Their thinness also aids to the frequent occurrence of melanosis (Note: The great majority of melanotic tumors are sarcomatous.)

Lymphatics have not as yet been discovered.

The divisions of sarcomata are based on the various cell forms, and we obtain in this way the following general classification:

Round celled { large. small.

Spindle celled { large. small.

Myeloid or giant celled sarcoma.

Mixtures of the various shapes often occur.

Of the round celled sarcoma:

They bear a great resemblance to the newer layers of granulation tissue. The cells resemble lymphoid cells, only, as a rule, larger. The intercellular substance is tolerably abundant, and may be homogeneous, fibrillated or granular, generally the latter. They are soft and of a grayish color.

They grow from the skin, fascia, periosteum and connective tissues generally. When growing from the neuroglia they constitute a "glioma" and may then be set in a mesh of vessels (rare) or the cells (still being round) may have little processes joining one to the other

Alveolar sarcoma comes under this head and was first described by Billroth.

Unlike other sarcomata this shows the cells grouped together in a stroma, something after the manner of carcinoma. They differ from the latter in having the cells connected directly with the stroma, showing they are connective tissue and not epithelial cells.

They occur in bone, muscle and the skin. In the latter situation they are often multiple and are liable to ulcerations. They are not common.

This round-celled variety is quite malignant, the softer ones being sometimes exceedingly so.

Of the spindle-celled sarcoma:

Formerly known as recurrent fibroid, is the most common of all the varieties.

Those with small cells are quite hard, contain a little homogeneous or slightly fibrillated intercellular substance, and, under the microscope, greatly resemble a simple fibroid. The cells are very small—1-1000 to 1-1500 inch in length—contain a large oval nucleus and nucleolus and are arranged in bundles.

This variety is sometimes encapsuled and is not very malignant, although they tend to recur locally when removed.

Those with large spindle cells are much softer, contain little or no intercellular substance, which, when present, seldom fibrillates.

The cells are very large, contain one or more large nuclei and bright nucleoli.

Unlike the small celled tumor they are seldom encapsuled, are of very rapid growth and exceedingly malignant.

Melanotic sarcoma comes under this head, as the great majority of them are of this variety. (Any

sarcoma, however, can be melanotic.) The pigment in them is deposited in granules in the cells, sometimes in the intercellular substance. Otherwise they resemble ordinary sarcomata. They have been classified separately for the reason that the secondary tumors of this class are also melanotic, showing that the pigmentation is probably not accidental but inherent.

They grow from the ch oroid and the skin, where coloring matter is normally present. Old warty growths, nævi, etc., can take this form of growth.

This variety is the most malignant of all the sarcomata, growing secondarily in distant organs, although not so apt to recur locally.

Of the myeloid or giant celled sarcoma:

This variety is distinguished by the enormous cells with numerous nuclei and nucleoli, quite identical with the giant cells of young marrow, scattered through its substance. These cells are not confined, however, to this class, but may frequently be found in the other varieties. It is the number of them that determine the tumor. These cells alone never compose a tumor, but are usually combined with the the large spindle cells.

These tumors are very freely supplied with blood-vessels, sometime to the extent that a distinct pulsation can be felt. They grow in connection with bone, particularly the heads of the long bones and from the periosteum. When occurring in the periosteum of the jaw they form a variety of epulis. Again, they may originate in the marrow cavities, expanding the bone over them and thinning it like an egg shell. They are the least malignant of all sarcomata. This is all I shall say of the purer varieties.

There are other peculiar forms arising usually in some degenerative change or metamorphosis in the tumor, or in the situations in which they grow.

Through myxomatons degeneration we get a large amount of intercellular substance and a changing of many cells into fine stellate forms having little processes joining each together. These are the myxosarcomata.

Villous sarcoma—growing from the adventitia of blood-vessels. The walls of the vessels are swelled with and finally surrounded by the growth. At the same time some of the cells form layers very like endothelium around the vessels. These villous growths are then sometimes called endothelioma.

These tumors appear in serous membranes particularly in the brain.

Sometimes the little knots of endothelium spoken of above calcify, and then they greatly resemble starch granules and are quite identical with the brain sand. Tumors containing this sand are called "psammoma," and are, as seen, descendants of villous sarcoma. (This statement is disputed.) Psammoma is quite rare and not malignant.

As a last sort I shall speak of the plexiform or adenoid sarcoma, found in the brain, orbit, and some glands, usually the parotid.

Little cylinders and balls of sarcomatous tissue are formed, which are composed of small cells. These push between the various layers and into the spaces of the tissue invaded. In these little cylinders blood vessels are formed and the centers take on a fibrous appearance. A cross section, at this stage, appears like a number of gland tubules, whence the name adenoid.

When the central portion of these cylinders undergoes a hyaline degeneration they appear more plainly and the tumor is then spoken of a "cylindroma."

With this I have given you a synopsis of this class of tumors, sufficient, I hope, to enable you the more readily to study the specimens now laid before you. Most of them are quite characteristic, and you need but to see them once to recognize them again. In others differential diagnosis is called for. It is by no means easy to tell in an instant some spindle celled sarcomata from simple fibroid tumors, but by comparing tumors that you know to be the one and the other, a distinct difference is seen.

Again, alveolar sarcoma and also the plexiform variety, greatly resemble carcinoma, but with high powers, such a confusion should seldom arise.

The more you study these tumors collectively, the more are you impressed with their rights be a distinct class, for they all have a family resemblance that differs markedly from all other varieties.

Epistaxis.

A PAPER READ BEFORE THE DETROIT ACADEMY OF MEDICINE. BY J. E. CLARK, M. D.,*
DETROIT, MICH.

The mucous membrane covering the nasal fossæ is chiefly supplied with blood from the internal maxillary artery, a few branches from the ophthalmic, however, are distributed to the ethmoidal cells, the frontal sinuses and the roof of the nose.

The branches from these arteries are so extremely small as to render a division or rupture of them, as a rule, a matter of little importance. In some instances, however, hæmorrhages occur from these parts highly embarrassing to the physician and equally hazardous to the patient, for occasionally they baffle every expedient of the most experienced to restrain. It is well, therefore, no matter how trifling this hæmorrhage may appear, to always pay it a certain amount of attention. The organization of the Schneiderian membrane with its intricate net-work of arterial and venous circulation subjacent renders it peculiarly favorable to congestions with the attendant tendency to hæmorrhage.

Nose-bleed is a very common occurrence with the young, especially as the age of puberty approaches, and before the menstrual epoch in young girls. In these cases it is chiefly due to an incidental plethora or congestion of the mucous membrane constituting the entonic hæmorrhages of some writers. It is of

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trivial importance, for the most part being conservative, tending to relieve the engorged capillaries, and if persistent is easily controlled by prone position, the application of cold to the nape of the neck and forehead, and a dose of magnesic sulphate.

In adults, however, the constant recurrence of the symptom is of much more serious import; here it may be due to plethora with tendency to cerebral congestion, or a cachectic state of the system with anæmia and a deficiency of the coagulable portion of the blood. Under these circumstances the hæmorrhage being essentially arterial, great danger to the life of the patient is to be apprehended unless the most energetic measures are adopted to restrain and control the flow.

In all diseases in which there is decrease of fibrin in the blood, with increase of red blood corpuscles such as pyæmia, septicæmia, purpura hæmorrhagica, scurvy, etc., nasal hæmorrhage to an alarming extent frequently occurs, and by its debilitating effect on the general system frequently becomes the cause of the most serious symptoms.

In diseases of the spleen we frequently find this condition present, it being a gland concerned in the disintegration of the corpuscles of the blood, which, if not performed must result in chemical changes in that fluid eventually producing a disease of the gland itself, tending to leucocythæmia and hæmorrhages from mucous surfaces, from causes supposed to be due to "degeneration of vessels in consequences of anæmia or obstructed circulation, an aggregation of the leucocytes, a watery state of the blood by which its flow is facilitated, or an imperfect character of the coagula." The hæmorrhagic diathesis presents another condition of the system in which an epistaxis will be found difficult to control

In the extremely plethoric, epistaxis is frequently a premonitory symptom of apoplexy and cerebral hæmorrhage, a valuable diagnostic sign. In typhoid fever it is an early symptom, also occurring later in the disease, generally at the crisis indicating a favorable prognosis. It accompanies many pyrexial disturbances, is premonitory in measles, of frequent occurrence in hæmorrhagic purpura, in which it is profuse; it is also present in relapsing fever and in variola maligna. In the late yellow fever scourge many patients apparently convalescent were attacked with epistaxis with fatal results, although in this disease it is usually confined to the third stage. It has occasionally been the cause of a fatal result in cases of diphtheria where ulcerations of the nasal fossæ have been followed by symptoms of septicæmia.

The treatment consists in the internal administration of ergot and astringents with styptics and compression externally. Of styptics Monsel's powder by insufflation, ferric chloride solution or other preparations of iron, tannic acid, and the application of the ice bag to the forehead and nape of the neck are much used. In cases where cold is indicated, however, I much prefer a spray of sulphuric ether as being more convenient, more easily applied and much more pronounced in its effect. In applying it, it is better to cover the part with a thin layer of absorbent cotton. I am not aware that this method has ever been applied excepting by myself, but my experience teaches me to have no hesitation in recommending it as well worthy your consideration.

The *dernier resort* by physicians in cases which have failed to succumb to other modes of treatment has been that of plugging the posterior nares with cotton by means of a Bellocq's sound or a flexible catheter passed along the floor of the nasal cavity and drawn through the mouth, forming an attachment for a pledget of cotton which was by this means inserted in the posterior cavity. Considerable difficulty is experienced with this method in hypersensitive patients, so much so that Dr. Spear, in the Medical and Surgical Reporter, suggests laying the patient upon his back and introducing through the nasal cavity into the pharynx a fine chain or string of metallic beads. The patient is then brought into an erect position and easily coughs the weight forward when the operation of plugging is proceeded with as usual.

The result of this operation is usually satisfactory, but no provision is made for a case in which from tetanus or other cause it is impossible to separate the maxilliaries. A case of this kind in which an abscess was forming at the angle of the inferior maxillary, drew my attention to the subject, and on looking up the literature on the point, I find a case reported in Ziemssen, Vol. 1, page 165, in which a patient died, owing to tetanus preventing the orthodox application of the plug. Recently I have devised a method--original so far as I am concerned—which consists in the introduction of a rubber bag, pyriform in shape, with a rubber tube attached, somewhat resembling a Barnes' uterine dilator. A little cosmoline with a small quantity of a styptic powder, if thought best, is applied to the bag and it is then rolled up on its long axis and introduced into the cavity by the nostrils. It is then inflated by blowing into the tube and secured by a piece of twine. It produces the required compression, assists in producing coagulation, and is preferable, in my opinion, to the method pursued in ordinary cases. It is easily withdrawn on allowing the confined air to escape.

A NEW SYMPTOM FOR QUININE.—Gaillard's Medical Journal: At Croton, New York, common drugs are sold at all the stores. Recently, an Irishwoman entered one of them, and said to a new clerk: "Would you be afther putting up for me a pound of Queen Anne's powders?" The clerk took down a package of Royal baking powder, and was doing it up, when she exclaimed: "Not that at all; me Pathrick is sick wid the African fever." "The what fever?" inquired the clerk. "The nigger fever," replied the woman. "And ye should see poor Pathrick shake. He hasn't a tooth left." The woman got the quinine which she wanted.

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INVESTIGATIONS IN REGARD TO MENSTRUATION AND OVULATION.—Leopold, of Dresden, (Archiv. für Gynäkologie, XXI., 3; American Journal of Obstetrics), who has done so much good work in this, as well as in other fields of gynecological research, pertinently alludes to the difficulty of arriving at positive conclusions upon this subject, in respect to which his own investigations began to be published in 1877. The changes which menstruation causes in the condition of the uterine mucous membrane; the relations of menstruation to ovulation, whether the maturation of an egg is periodical or not; whether the corpus luteum represents a typical transformation; whether ovulation precedes or follows menstruation; and how, as to time, menstruation, the rupture of a follicle, and a consequent pregnancy, are related, are subjects and questions in regard to which nothing is settled and positive. The author addresses himself in this paper to the question, as to the relation, in regard to time, of the maturing of an egg, the rupture of a follicle, and the formation of a *corpus luteum* at the monthly flow. Six years have been occupied in examining material, which was removed from women who had undergone castration, or who had died only a short time before such removal. Twenty-nine cases are included in his series, covering periods of time which vary from the first to the thirty-fifth day from the beginning of the last menstruation. The microscopic appearance in each case is also represented in beautiful, lithographic plates, thus adding to the interest and the value of the work. Valuable as are the facts obtained by the analysis of these cases, the author does not regard them as establishing fixed principles. They are rather to be considered as a contribution of probabilities which will, some day, enter into the argument whereby these principles will be established. As regards the Graafian follicles the probabilities are that one or more are always present in a mature condition; any great excitement, coitus, for example, may rupture one, either at once, or on the following day; hence a healthy woman is liable to conceive at any time during the child-bearing period. If pronounced anemia, or chronic inflammation of the ovaries exists, it is probable that conception will not occur, though menstruation may be regular, the cause being that the follicles are poorly nourished and do not rupture and discharge their ova. Two or more contiguous follicles may coalesce and rupture simultaneously; this may have a bearing upon the question of multiple pregnancy. These follicles vary in size and yet may be equally mature. Their distention with blood may be the cause of dysmenorrhœa. The second series of probabilities is with reference to the corpora lutea. In the first day of its history it is a ruptured follicle filled with blood; on the third day it is a large blood cavity. From the eighth day appears a fine border, while the center of the cavity remains distinct. From the twelfth day the border becomes thicker, and folds are developed in it. From the sixteenth day it assumes a yellow tinge. About the twentieth day the cavity begins to contract, the border becomes yellower, and sends out rays, in the shape of narrow folds toward the center. Contraction continues from the twenty-fourth to the thirty-fifth day, the latter being the limit at which these observations were made. Corpora lutea are typical and atypical, the former beginning during the menses, the latter between them, and since the latter originate during the ebb of the pelvic tide, they are not so well provided with nourishment, and hence have a briefer history. It is therefore evident, if the foregoing be true, that menstruation may occur without ovulation, likewise that ovulation may occur without menstruation; a mature follicle may rupture at any time. The following

propositions in regard to menstruation are also offered; it is a phenomenon which is peculiar to the female organism, the origin of which is in the ovaries, its means of external expression in the uterus. On accouut of its periodicity, it is to be reckoned in the category of other rhythmical vital phenomena, as the pulse and the respiration. Proof that menstruation is fundameutally a function of the ovaries lies in the fact that their removal causes its disappearance. It is true that the uterine mucous membrane shares in the recurring monthly congestion of the pelvic organs, but it must be borne in mind that the periodical congestion of the ovaries has probably long existed before the uterine menstrual phenomeua appear. The latter is also greatly influeuced by constitutional conditions. It is probably safe to say that the external manifestation of menstruation is entirely dependent upon the anatomical condition of the uterus, especially as to its mucous membraue. According to Pflüger, the exciting force of menstruation is the continuous growth of the ovules, and the Graafian follicles, but not their periodical maturation.

As has been already remarked, much remains to be cleared up and settled in regard to tbis comprehensive and important subject. The outline is sketched by the author in the following suggestions: 1. The process by which the follicle is opened, and the time when it occurs, whether at a period, or between periods, is to be carefully investigated. This will require the collection of many specimens, and the further study of the typical and atypical corpus luteum. 2. The tubes, as well as the uterus, in normal cases, must be interrogated, just after an ovule has been liberated from the ovary. Fresh specimens from castration operations will be of avail for this purpose. 3. We must find out whether ovulation ceases before the menopause occurs, and how long a time before; also whether it begins before menstruation, and if so, how long before. 4. Whether in severe cases of anæmia, and similar troubles, the maturation of follicles is delayed, or is entirely placed in abeyance. 5. Whether follicles which have coalesced mature, and discharge their collective contents at the same time. 6. What significance attaches to the blood-follicles?

How Others See Us.—A French chiel (M. Poncet) has been amang us takin' notes, which he has gone home and printed in Lyon Médicale. Americans, even of this generation, have scarcely gotten over the indignation aroused by the record of the experience of Martin Chuzzlewit and his friend Mark Tapley, and it need not be wondered at if tbe story which the Gaul has told should prove a little galling. (The pun is really accidental.) No fellow likes to be told his faults, and the more actual and apparent the latter are the more irritating it is to have the public gaze directed at them. This is, perhaps, not just as it should be, but it is human. Tbe time may come when bishops will love the genus Gil Blas; when it does the conscientious journalist's millenium will have dawned.

M. Poncet, of course, visited our eastern hospitals and medical schools, but we will not tell what he says of them. His comments on anthropological and sociological features of this country are quite sufficient. He says our women are deficient in *pectus*, that the mammary glands are but little developed, and that the upper part of their bodies, apart from tbe bead, which is often very beautiful and expressive, is disappointing in volume. The pelvis and lower limbs, on the other hand, are well developed. He was frequently struck with these characteristics at the hospitals. He thinks that the tendency of the female population is towards sterility, even the fecund German tending to become less productive on transplantation to these shores.

His sociological impressions are probably the most interesting. Domestic life, he says, is held at small value. While the female lacks in *pectus* she excels in intellectual culture, in which latter she is the male's superior. The male lives little at home, being so thoroughly absorbed in those pursuits through which he amasses the means which secure for the female that leisure which permits of her mental improvement. The taste for travel and the ease with which one establishes a domicile at a boarding house are further obstacles to the growth of family affection.

M. Poncet was evidently not favorably impressed with tbe American cuisine and table manners. A contemporary thus translates and condenses his remarks on these points:

If there is any truth in the proverb, "Tell me what you eat, and I will tell you what you are," it is amply illustrated in the New World. The American does not eat, he simply fills himself; his sole desire is to satisfy hunger, and if he can secure quantity quality is of little importance; hence one frequently sees him ingest a lot of food standing up, or scarcely seated, at a counter. There are fixed hours between which meals may be had, and food must be taken at those times whether one be hungry or not. A despotic, all-powerful public opinion, which no one dares defy, decrees the hours for eating. The meals are always begun with a square block of rancid butter, having an odor of margarine. A pause of fifteen to twenty minutes gives time to attempt the digestion of this compound, and then you find yourself surrounded by a variety of little dishes which you expressed an intention to eat. It matters not that they become cold, for do you not see around you "des misses, des ladies, des gentlemens" eating watermelon with chicken, and currant jelly with cutlets and salad! Behind your chair is one negro who fans you, and another who puts ice in your glass. The writer apparently was not struck with the number of our religions, but it does not escape him that we have but one sauce, and that like glue, by which otherwise good meats are ruined. Our eggs have a queer, stale, animal flavor, which is supposed to result from the hens being fed upon meat that they may lay more. Corn is a favorite article of food, and though eaten in various ways is most often boiled on the cob. Three or four of these cylinders

are not too much for a lover of this cereal, who will gnaw off the grains with his teeth, and presently leave nothing but *"la carcasse."*

There are, it is true, several good restaurants in New York where one is served more or less *à la Française,* but the prices are prohibitory. It is surprising to the writer that there are no good hotels or restaurants, but he can only explain it on the ground that the Yankee is enchanted with whatever he finds in his own country, and has as limited aspirations in matters of the table as in the fine arts; to give him anything better would be lost trouble; he would not avail himself of it.

The sum total of all this is that in America one lives very badly, and the writer can scarcely believe that it is likely to be selected as a country in which to travel for pleasure. The inhabitant of this country has a good opinion of himself and of his nationality which surpasses all that one can imagine, and leaves the *chauvinisme* of the French, and the arrogance of the English, far in the background. A view of the situation which leads us to suspect that the peculiar American humor escaped M. Poncet's comprehension altogether.

After first reading these impressions of M. Poncet, of which the above are examples, we experienced a feeling akin to that caused by seeing Sardou's "Oncle Sam" when first brought out in Paris, and which phrased itself in "a monstrous caricature;" but second thoughts will not permit one to deny that there is a large substratum of truth upon which to base the confidences concerning his trials which the writer makes to his fellow-townsmen, nor is the view of our semi-public hotel and steamboat life a very distorted one, especially when taken by a Frenchman on a summer trip and without his *eau rougie* and *petit pain.*

DID DR. MACLEAN SEE DR. KEITH OPERATE?—Dr. O. E. Herrick, of Grand Rapids, Mich., has the following on this momentous question: I notice in late numbers of the MEDICAL AGE and Detroit Lancet that I am made to appear as a would-be critic of foreign gynecologists—an honor I must respectfully decline to accept under existing circumstances. I only make this brief statement of facts for the reason that a large number of the readers of the two journals named cannot have seen the article which Dr. Sutton took exceptions to and which the Lancet states he corrected. The article in question was upon "Extirpation of the Uterus," and was read before the Grand Rapids Medical Society before being printed in the Obstetric Gazette. I simply took the ground that the operation of extirpation of the uterus was, as a rule, not justifiable, and for the two reasons: if made for malignant discase the liability of its early return made the end obtained not worth the risk taken; and if made for any other than malignant discase the mortality attending the operation rendered it unjustifiable. I also cited in the paper an instance, reported in a medical journal, where the operation had been made in Berlin for procidentia uteri, commenting as follows upon it: "It seems almost incredible that any one, and especially a great gynecologist, should extirpate the uterus for prolapse, and surely no one but a great gynecologist with his reputation made, past the possibility of having it pulled down, could make such an operation and escape criminal prosecution." I then added that I thought "an operation for closing the vagina would be much more warrantable after all ordinary measures had failed." The foregoing together with some slight hints on how those long tables of European statistics appeared to the average American reader, made up the paper. In the issue of the Obstetric Gazette following the publication of my article, I found I had stirred up a veritable masked battery which not only included me in its range, but also a "Michigan professor of surgery" and a "Chicago colleague," whom he mentioned as having received a "great revelation" at his (Dr. S's) hands. I do not know whom the Chicago pupil is, but, doubtless, he is appropriately thankful for the gratuitous information imparted by his Pittsburgh teacher. It could hardly have been Prof. A Reeves Jackson, for he read a paper before the American Gynecological Society at its last meeting, denouncing the operation of extirpation of the uterus as unwarrantable under any circumstances, and the members endorsed the sentiment to a man, with the single exception of Dr. Sutton. Any one at all interested in the subject should read the report of the society's discussion.

Dr. Sutton suggests that I correct the shams in Michigan professors instead of finding fault with foreigners. I must respectfully decline both undertakings. So far as the Michigan professor is concerned I think that even Dr. Sutton has signally failed himself to correct to any great extent the shams he speaks of. These shams, I am constrained to believe, exist purely in his imagination, for I have failed to find any such language as he quotes, and I have a printed copy of Dr. Maclean's article before me, as also an open letter from that gentleman, which I enclose with this statement.*

[* The open letter to which Dr. Herrick refers, and which he in a private note requests us to publish, is both too long, of too personal a nature and of too little general professional interest to warrant the consumption of space which its reproduction in full would require. Assuming that the language which Dr. Sutton quotes is attributed to Dr. Maclean, the latter denies ever having employed it, and refers to his published paper in support of his denial. He reproduces also an extract from a letter from Dr. Keith, of Edinburgh, in reply to one written that gentleman, calling attention to Dr. Sutton's statement (reproduced in the Detroit Lancet by the editor, his [Maclean's] "near neighbor and avowed personal friend [?], Dr. Leartus Connor,") that he (Keith) had told him (Sutton) that Dr. Maclean had never seen him (Keith) operate. This extract is as follows: "There are so many visitors and strangers, always coming and going, that had I used these words—and if Dr. Sutton says I did, then I believe him—I must at the time have mixed you up in my mind with some other of the American surgeons who are paying such flying visits, and you can easily understand how these get mixed up in one's mind. Very possibly this may be the explanation, and the mistake may be mine."

We have gladly accorded Dr. Herrick the opportunity of explaining how his name came to be mixed up in this

HYDRARGYRUM FORMAMIDATUM.—Dr. James C. Wilson recently read an interesting paper on this new preparation before the Philadelphia County Medical Society (Medical Times) from which the following is condesed: Towards the close of last year, Prof. Liebreich proposed, in a meeting of the Berlin Medical Society, a new drug for the treatment of syphilis by the hypodermic method. Chemically this drug belongs to the amide group. Liebreich was led to use it from the fact that the ordinary amides of the body, of which urea is the principal one, are eliminated in an undecomposed state. When, however, the amide is in combination with a metal, decomposition occurs, and the metal is reduced and deposited. Liebreich found, by actual experiment, that this statement is true of mercury. It is supposed that the formamidated mercury, after hypodermic injection, undergoes decomposition, and that the metal mercury is set free in the tissues. The preparation is soluble in water, of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by potassium sulphide. It produces its effects very surely and rapidly. Liebreich regards it as the best remedy known for the hypodermic treatment of syphilis by mercury, as it is but little liable to excite local troubles or salivatiou. Later (Medical Times and Gazette, July 7, 1883) we find that Prof. Zeissel, in Vienna, after trial of this remedy in fifteen cases of syphilis, was well satisfied with the results. In three cases salivation was produced. Some pain followed its injections, which was not, however, so severe as that following the hypodermic use of mercuric chloride. Twenty injections was the maximum uumber required to disperse the manifestations even iu severe cases.

Dr. Schacht, of Berlin (New Remedies, Sept., 1883), writes as follows:

"Formamide is a colorless liquid, boiling at about 195° C., which can be distilled without decomposition only in vacuo. It is prepared by acting upon formate of ethyl by ammonia. When pure it is neutral, but easily becomes acid.

"If a concentrated solution of formamide be boiled with precipitated mercuric oxide, decomposition ensues, and metallic mercury is separated.

"On the other hand, if a dilute solution of formamide be warmed on the water-bath with precipitated mercuric oxide, a clear colorless solution results, in which soda (hydrate of sodium) produces no precipitate. Sulphide of ammonium, however, precipitates the mercury of sulphide, both from the formamide of mercuric chloride. Solution of albumen is precipitated by the latter salt but not by the formamide.

"Formamide of mercury is prepared in the following manner: ten to thirteen grammes of freshly precipitated, completely washed, and still moist mercuric oxide are gently warmed with a little water in a porcelain capsule, with gradual addition of ten grammes of formamide. As soon as solution has taken place, the resulting colorless liquid is filtered into a litre-flask, and the latter filled to the litre-mark with distilled water. Each cubic centimetre contains 0.01 gramme of mercury, which is the quantity representing one hypodermic dose. Formamide of mercury keeps well in brown-colored bottles, and should also be dispensed in these."

In a note from Vienna (Medical News, October 13, 1883), it is stated that Prof. Neumann is now trying hydrargyrum formamidatum on a large scale as an anti-syphilitic. It is used hypodermically in doses of one cubic centimetre. It acts with far greater efficacy upon the recent efflorescence than upon the later manifestations. Pain of great severity and active local inflammatory troubles have resulted in Neumann's cases.

The preparation exhibited, was made by Merck, of Darmstadt, and is a one per-cent. aqueous solution, and the dose of it is from one-half to one ordinary hypodermic syringeful.

POISONING BY CHLORATE OF POTASH.—Professor Bohu, of Königsburg, reports to the Deutsche Med. Wochensch., Aug. 15, a case of poisoning by chlorate of potash, which had been prescribed on account of vesical catarrh following gonorrhœa. The patient, a man aged 49, was ordered to buy some of the salt at a druggist's, to dissolve a teaspoonful in a tumbler of water, and to take a tablespoonful of the solution every two hours. Instead of this, he was afterwards found to have dissolved a teaspoonful of the salt every two hours in a glass of water, and to have drunk the whole quantity each time, so that he had taken 60 grammes (2 oz.) in thirty-six hours. When seen by Dr. Bohn, he was pale and collapsed, in a condition very suggestive of cholera, suffering greatly from pain over the stomach, and with suppression of urine. Soon afterwards, a feeling of numbness and formication in the hands and feet came on, causing great distress and restlessness. The small quantity of urine, about half an ounce, passed in twenty-four hours, contained a few blood-corpuscles, and was full of small brownish bodies and cylinders. Under the spectroscope, it showed the absorption-band of methæmoglobin. Death occurred within two days, preceded by increasing collapse and some amount of icterus. The most distinctive appearance found at the necropsy was the brown colour of the spleen, liver, and kidneys, which did not pass off on exposure to the air, but persisted after some days. The uriniferous tubules of the kidneys were found to be filled with brownish masses, formed of bodies resembling red blood-corpuscles, but without their biconcavity. There was a stagnation of blood in the spleen and the medulla of the bones, and the blood-corpuscles

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personal squabble, but must be excused from further suffering our columns to be made the battle-ground for such a contest. We were induced to notice it originally rather because of its "amenities" than because of any intrinsic importance which attached to it. The combatants will please repair to some retired spot (the columns of the Dr. Maclean's own journal, the Physician and Surgeon, for instance,) and fight it out. ED.]

were changed in character both there and in the heart, being sunken and altered in contour. This case reminded Dr. Bohn of others, in which death was supposed to have occurred from diphtheria. He appends the histories of two, in each of which large doses of chlorate of potash were given. He thinks the drug must no longer be sold as harmless, or be given in unlimited quantities into unprofessional hands.

Dr. Thos. F. Rumbold, the well-known laryngologist and editor of the St. Louis Medical and Surgical Journal, refers to the deleterious effects of chlorate of potassium in his review of the "Therapeutic Gazette Collective Investigation of Diphtheria":

"The important portion of this work is Dr. Mulheron's summary, which I have read through with great interest and profit. I have also read Bro. Gaillard's review of this work, and must say that I consider Dr. M's conclusions as nearly proved as they can be, from letters received from physicians in different parts of the country. The author's conclusions on the use of chlorate of potassium very nearly meet with my approbation. He says: 'That it is entitled to the esteem in which it is held is not clear, and there are grounds for suspecting that its popularity is a result of the mistaken conception of its physiological action, on the strength of which it first achieved popularity, viz.: that by its decomposition within the system, oxygen is set free and the blood thus purified.

"If some of the chlorate of potassium prescribers would use a hot water saturated solution of this salt in their own diphtheritic throats, for two or three days, I am very sure that they would not desire a further continuance of it. In my opinion, the use of muriated tincture of iron prevents a great deal of the injury that the potassium salts would do to the throat. Another recommendation, that I would make to believers in the chlorate of potassium, is to sprinkle a little of it on their cut finger, or dust a little of it in their eye when affected with catarrhal inflammation. These experiments will prove that it is a positive injury to all inflamed tissues."

A New Treatment for the Dead.—Scientific American: The question of cemeteries interests the public more and more, and in view of its hygienic relations has been discussed by scientific societies, legislatures, and municipalities. M. Ch. Deperais announces in the *Cosmos les Mondes* a new method of treating corpses by which they are rendered innocuous.

To-day a feeling generally prevails that the cemeteries are centers of infection for the diffusion of epidemic maladies, and that their neighborhood is a menace by reason of their emanations and their influence upon percolating waters. This hurtful influence has long been recognized. In India the natives yet expose their dead upon the banks of the Ganges or at the summit of the Towers of Silence. They become a prey in both instances to rapacious animals, and become partially harmless through their destruction.

The Jews, Etruscans, Ethiopians, Greeks and Romans had recourse to embalmment and incineration. Cremation fully satisfies the requirements of modern sanitation. The embalmment as practiced to-day demands cares and expenses which are never applied, and it has been shown that the chemical bodies employed are insufficient to destroy all the sorts, of germs, spores, bacteria, etc., which arise. It only momentarily protects the body.

The process of embalmment among the Egyptians was long and complicated. It was based upon the use of reagents and upon drying in the air or in furnaces. Cremation as at present executed is completely satisfactory, every atom of noxious gas even being consumed. Nevertheless, the feelings of most people are opposed to it, and there are practical difficulties connected with it not always easily overcome.

It seems therefore necessary to find a new method which, while it guarantees the destruction of the causes of infection, conciliates our customs and desires and is reasonable in its expense. M. Depérais has explained a process based on the fact or statement that at 106° Cent. these pernicious germs are destroyed. He utilizes the well-known fact that saline solutions do not boil until after the boiling point of water (100° Cent., 212° F.) has been passed. The salt he employs is the chloride of calcium, on account of its cheapness, the ease of its management, and because it is antiseptic and tanning in its effects. Plunging a corpse into such a solution at 47° Baumé and slowly raising the temperature of the bath, it is evident that when the temperature passes 100° Cent. the water of the flesh and tissues will evaporate.

Continuing the heat, the body contracts and the chloride of calcium impregnates it. The prolonged bath kills the disease spores, and the hardening and antiseptic properties of the salt partially embalm the body; as, however, chloride of calcium is deliquescent, the body would not dry on removal from the bath. It is removed by immersion in a bath of sulphate of soda, by which the lime salt remaining in the body and incrusting all its fibers becomes the sulphate of lime, and the chloride of sodium is free in the bath. Then the body is dried either in the open air or in an oven.

Death of J. Marion Sims.—The medical profession not only of this country but of the world were shocked by the telegraphic news of the sudden death at his New York residence, on the 13th inst., of Dr. J. Marion Sims. The immediate cause of death is supposed to have been heart failure, the autopsy showing the organ to be somewhat enlarged, with adherent pericardium. There was atheromatous degeneration of the coronary arteries which were markedly narrowed thereby. There were points of fibrous myocarditis in the muscular tissue. Both ventricles were dilated and the left hypertrophied. The valves were competent.

Dr. Sims was born in South Carolina on January 25, 1813, and had thus just passed the great milestone at three score and ten. No one, however, who had met him of late years would have suspected him of suffering from weight of years, so buoyant was he both of body and mind, and he, himself but a few days before his death expressed a belief that there were still at least twenty years of work in him.

Probably no man has occupied so large a space in the history of American medicine as J. Marion Sims. His name will go down to posterity as that of the father of gynæcology as a special division of medicine. He was the author of the use of the perineal retractor (Sims' speculum) and silver wire sutures in the operation for vesico-vaginal fistula. With even such a record attached to a name it could not die, but the genius which evolved these inventions was by no means idle after it had given them to humanity. It still worked and continued to develop into a well rounded symmetry the speciality which it created.

Dr. Sims' fame was not restricted to America. The foreign profession were quick to recognize his greatness and foreign potentates showered on him their honors. The French government conferred on him the order of Knight of the Legion of Honor. The King of the Belgians also paid him honors and he was decorated by the Italian, Spanish and Portuguese governments.

In 1853 Dr. Sims removed from Montgomery, Alabama, to New York city, where he remained until the breaking out of the civil war during which his political views determined his residence at the various capitals of Europe where he laid the foundation of a practice which afterwards required his presence abroad for a number of months each year. His characteristics as a surgeon were ingenuity and a boldness which could only have been born of a thorough mastery of his specialty. Personally he was endowed with a magnetism which is the fortune of few, and none who ever enjoyed his acquaintance but will feel in his death the sense of a of a great personal loss.

STRANGERS AT KEITH'S OVARIOTOMIES.—"A MEMBER OF THE STATE MEDICAL SOCIETY" sends in the following: In the May 25th 1882 issue of the sprightly predecessor of the still more sprightly MEDICAL AGE, you kindly allowed me space to express my surprise that the countryman of Keith, (Prof. Maclean) should perform an ovariotomy in an amphitheatre crowded with students fresh (?) from dissecting rooms, and practitioners fresh from attendance on septic diseases in different parts of the state. I called attention to the well-known fact of the scrupulous care which Keith exercises in regard to these matters. It is a matter of record that he allows no one to attend his operations of whose freedom from all possibility of septic taint he is not personally cognizant. It did not injure my egotism but it did surprise me, that a gentleman who habitually goes about with a chip on his shoulder did not deign to reply to my charge. That a gentleman who could detect a "gratuitous insult" and "malicious libel" in the squib in the Detroit Lancet (which even the editor did not know referred to him), should fail to attempt to defend his, to me, most inexplicable conduct in an operation involving the life of a human being, is one of the curious things one encounters in this vale. His conduct is all the more inexplicable in the light of recent events, for it seems, (although Dr. Sutton says Dr. Keith denies the claim) that at the time of his display before the crowded amphitheatre at Ann Arbor, he had but recently returned from seeing Keith operate.

I never did like to get in between two combatants, but I cannot now refrain from remarking that if Dr. Maclean saw Keith operate, the latter must have relaxed very much in the rigidity of the rules which are reported to govern him in the matter of allowing spectators at his operations. According to reports Keith does not allow strangers to enter his operating room on such occasions, and surely the Michigan professor's acquaintance with the distinguished ovariotomist must have been very limited, to have permitted even the possibility of a doubt in Keith's mind, on the question of Maclean's presence at his operations.

As I said before I don't want to get mixed up in this personal conflict, for I would not, as I hold my life dear to myself and family, get in the range of Prof. Maclean's deadly metrailleuse, but this question of the propriety of allowing a horde of unclean (I mean no disrespect, and speak purely from the standpoint of antiseptic surgery), doctors and students to witness an ovariotomy, is one which transcends all considerations of personal safety. Inasmuch as I am not, in Prof. Maclean's elegant and devout diction, "a *professor* of the religion of the Lord Jesus Christ." I trust there may be no impropriety in my venturing the above remarks.

A SEVENTH SENSE.—British Medical Journal: Sir William Thomson, the eminent professor of mathematics in the University of Glasgow, in his inaugural address, delivered last week, as President of the Midland Institute, at Birmingham, broached the idea of the existence of a magnetic sense. This sense he called the seventh sense, to distinguish it from our other six senses—namely, those of sight, hearing, taste, smell, heat and force. He said that, in speaking of a possible magnetic sense, he in no way supported that wretched groveling superstition of animal magnetism, spiritualism, mesmerism, or clairvoyance, of which they had heard so much. There was no seventh sense of a mystic kind. Clairvoyance, and so on, was the result of bad observation chiefly, somewhat mixed up with the effects of willful imposture, acting on an innocent and trusting mind. If there were not a distinct magnetic sense, it was a very great wonder that there was not. The study of magnetism was a very recondite subject. One very wonderful discovery that was made in electric magnetism by Faraday, and worked out very admirably by Fou-

cauld, an excellent French experimenter, showing that a piece of copper, or a piece of silver, let fall between the poles of a magnet, would fall down slowly, as if through mud. Was it conceivable that, if a piece of copper would scarcely move through the air between the poles of an electric magnet, a human being or living creature, in the same position, would experience no effect? Lord Lindsay got an enormous magnet, so large that the head of any person wishing to try the experiment could get well between the poles; and the result of the experiment was marvelous, the marvel being that nothing was perceived. Sir William Thomson, however, was not willing to admit that the investigation was complete. He could not but think that the quality of matter in the air, which produced such a prodigious effect on a piece of metal, could be absolutely without any perceptible effect whatever on a liviug body. He thought the experiment was worth repeating; and it was worth examining whether or not an exceedingly powerful magnetic force was without perceptible effect on a living vegetable or animal body. His own speculations had led him to conclude that there might be a seventh or magnetic sense; and that it was possible an exceedingly powerful magnetic effect might be produced on living bodies that could not be explained by heat, force, or any other sensation.

Sulpho-Tartate of Quinine Glycyrrhizated, with Coffee.—Dr. C. Pavesi (Gaz. Med. di Toreno) says that in therapeutics every novelty provokes enthusiasm, and often the majority of physicians receive with benevolence any unusual remedy, provided it be in mode, and is eulogized by the journals. He does not love the empirical multiplicity of remedies, nor the poetry of some curative methods which fall before the criticism of experience. Frankly speaking, the sulphate of quinine, of all the alkaloids of the bark, is the oldest, and most used in the medical practice of all nations. Considering that for its intense bitter taste it cannot be administered to many persons, and especially to children, he has masked the bitter taste with licorice root and toasted coffee, without in the least subtracting its precious therapeutical effects. The following is the method of preparation:

℞ Sulphate of quinine.....	1 part.
Tartaric acid.....	1 part.
Powd. of licorice root.....	5 parts.
Powd. toasted coffee.....	25 parts.
Water, q. s.	

The coffee and the licorice are mixed with sufficient hot water; the obtained liquid, limpid and brown, is evaporated to a syrupy consistency; then are added the sulphate of quinine and the tartaric acid, well mixed and dissolved; and again the whole is evaporated to dryness by slow heat so as not to alter the aroma of the coffee and the other immediate extractive principles. Being hygrometric, it is kept in ground bottles. Properties: The sulpho-tartrate of quinine glycyrrhizated with coffee is a brownish powder resembling slightly coffee; it is of a bitter-sweet taste not disgusting, soluble in water. Tested with the proper re-agents the quinine is detected unaltered. It is to be administered in all the morbid affections, where quinine is indicated, especially to children. The syrup of sulpho-tartrate of quinine with licorice is prepared by dsisolving in the decoction of coffee and licorice fifty parts of sugar and one part of sulphate of quinine and tartaric acid, then is evaporated by slow heat to the consistency of a thick syrup. It has a sweet taste, slightly bitter, very convenient for children. Every twenty-three grams of syrup contains about half a gram of sulphate of quinine, and as much tartaric acid.

Patients will Lie.—In an artigle on Practical Hints, Dr. Landesberg, in the Medical Bulletin, speaks of how patients will occasionally undertake to deceive their physicians. His experience has made him skeptical and he advises his readers not to trust anybody, be it monk or nun. Rely only upon the evidence of your senses. Rank, wealth, and position, are only the mantle which covers the poor flesh, and you have to deal with the *materia peccans*. In this world in which we live nothing is more likely to happen than what people generally call "the improbable" and "impossible," and the physician has to be on the guard against "surprises."

In instances of syphilis the statements of the patient are seldom to be relied upon. In the great majority of cases patients hardly ever will tell you the truth, and if they cannot deny the evidences they will try to falsify the date. It is a curious fact worth remarking, that if you bring the patient to confess the syphilitic infection, he will still try to deceive you about the time in which the infection has takeu place. The more remote from the present he can make the occurrence the easier he seems to feel. He will acknowledge that he had been infected twenty, fifteen, ten, or five years ago, but he will emphatically deny a more recent period, and he will assume airs of offended dignity and honesty, if you seem to distrust his assertions. In this manner the female sex stand paramount. It is almost impossible to induce them to confess the truth, and they will fight against the most undeniable evidences. Of the many instances of this nature which occur the author gives as an illustration, the following case: A girl came under his treatment for plastic irido choroiditis. The face betrayed a syphilitic history. She assumed airs of pure innocence, but allowed examination, which revealed indurated ulcers and syphilitic patches over the body. But, nothing daunted, she nevertheless persisted in denying that she had ever had connection with a man!

Simple Inflammatory Tonsillitis.—A modification of the guaiac treatment, which consists in the use, as a gargle, of a mixture known in the House

Pharmacopœia of the Philadelphia Polyclinic as the Gargarysma Guaiaci Composita, is highly recommended in the treatment of this affection by Dr. J. Solis Cohen. Two fluidrachms each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluidrachms of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution consisting of eighty grains of chlorate of potassium in sufficient water to make four fluidounces is then gradually added, the shaking being continued. Without due care in the preparation of this solution the resin will be precipitated. Gargle with this mixture freely and frequently, at intervals of from one-half to three hours. In some cases a saline cathartic is first administered. Should any of the guaiac mixture be swallowed it is considered rather beneficial than otherwise, and in some cases it is advised to swallow some of it. Relief is usually experienced in a few hours.

For some time past Henry G. Houston, M. D., (Atlantic Journal of Medicine) has been using eucalyptus in cases of quinsy with very gratifying results. Dilute ʒ j of the fluid extract with ℥ j of warm water, and use as a gargle or spray every twenty minutes. The water must be as warm as the patient can bear it.

It has been his good fortune to see all the cases so treated recover speedily, without suppuration. No other remedy was used, except in one instance, when he prescribed quinine.

He suggests that, owing to its antiseptic properties and its special action on the respiratory tract, eucalyptus would be an excellent local application in diphtheria, either used as above or to medicate vapor for inhalation.

Influence of Worry and Nervous Shock on the Uterus and its Functions.—Dr. William Goodell, in a clinical lecture delivered at the hospital of the University of Pennsylvania, discusses the potent but much neglected factor of worry and mental shock in the production of uterine ailments. The *modus operandi* of this factor is, of course, through the nervous system. It causes irregular distribution of nerve-fluid; this leads to irregular distribution of blood: more blood goes to one organ than to another. The most exacting organs during the woman's menstrual life are the womb and its annexes, the ovary, the vagina, the erectile tissue around the womb, the broad ligaments, and the fallopian tube. They receive more blood than they should. There is increased nutritive action, vegetations develop, and the womb increases in size.

While this cause does not do away with the necessity of local treatment of local lesions, such treatment must prove ineffectual unless attention is also paid to the constitutional disturbance. The best thing to do in such cases is to put the patient to bed and have her well rubbed and treated with electricity. Where from the circumstances of the patient such treatment is impracticable, the next best thing is to give some remedy to tone down these nerve centres which are not behaving themselves. The valerianate of zinc and quinia, take it all in all, is the best combination which we can give. A triple valerianate as follows is a good combination:

℞ Zinci valerianatis.....
Quiniæ valerianatis.....
Ferri valerianatis..... ää gr. xx.
M. et ft pil., No. xx.
Sig. One three times a day.

After a time, give strychnia in small doses, gradually increased. A tablespoonful of extract of malt three times a day in milk is also beneficial. It is a good plan to take one dose of the malt at bed-time.

Doctors' Short-Comings.—Dr. Allbutt says: Our worst fault is that we are a somewhat touchy and jealous class, especially when compared with our cousins of the Bar. Medical men are too often jealous of each other and tenacious of their own claims. We too readily assume property in patients. We forget the right of the sick man to consult whom he pleases; and when he does so, we lack imagination enough to put ourselves in his place and make the necessary allowance. The same lack of imagination often prevents us from putting ourselves in the place of a brother practitioner who may have been called to one of our cases, and we give place to distrust and dislike. It is better to deal faithfully with so faithful a brother, and to say that we can in mitigation of his charges, and in support of his suggestions for diminishing the little friction that jars with the general harmony and good will of the profession. It is difficult to draw any close comparison between men so differently situated as the members of the Bar and the members of our profession in general practice. The situation is different, and the power to hurt a brother, as the temptation to do so, is different. The work of barristers is chiefly conducted with open mouth in open court. That of medical men is private, almost secret. And in the privacy of a bed-chamber it is often more easy to kill a reputation than to save a patient. It may not be in any direct way or by any direct word, but by faint praise, or by a shrug of the shoulders or a shake of the head. Unlike the Bar, we do not play with our cards above the table. In our more intimate work, it is terribly easy for one doctor, by little intangible tricks, to elbow out or depreciate another.

Aspirating the Jugular.—British Med. Journal: The patient, a fat, plethoric lady, fifty years of age, came under the charge of Charles Coppinger, F. R. C. S. I., and at the time of the surgeon's visit was in a condition of stupor, out of which she could be roused with some effort, but only to relapse into sleep again. Her breathing was heavy, and she presented all the symptoms characteristic of an overloaded vascular system. The indications for treatment were plain; leeches not being obtainable, depletion by means of venesection was proposed. The

friends of the patient, who were ladies, gave their consent, but were horrified at the suggestion of so barbarous a proceeding, and Mr. Coppinger, anxious to spare them the sight of blood, then and there conceived the idea of substituting the aspirator for the lancet. The patient, who had not long before been treated for hemicrania by hypodermic injections of morphia, was roused up and told that the needle was about to be "inserted into the skin of her neck, to which she at once consented." The needle of the aspirator was then passed into the external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result of this trial being satisfactory, the surgeon repeated the operation in the course of a half-hour, abstracting six ounces more of blood. The patient was speedily relieved of her alarming symptoms, and neither she nor her attendants suspected that she had been bled, until the procedure was subsequently explained to them.

EDITORS AND PROOF-READERS.—Dr. Decaisne is credited by the Cincinnati Lancet and Clinic with the following which is novel in so far as it is a good word for a much-abused member of society: "*Apropos* to the erudition displayed by certain compositors, especially proof-readers, and as showing the extent of the knowledge required in this branch of a great printing office, I may cite the following incident: I am in the habit of writing frequently for one of the leading journals of France, and in passing my poor prose off on the public often ornament my writings with citations from the Latin classical writers, quoting Horace, Virgil, Catullus, Ovid, and Martial, in fact all the poets of that charming and immortal language, that tongue which although considered dead, yet lives. Now, one of those erudite proof readers, who knew his Latin well, always corrected my proofs with the greatest of care, and I never detected an error until one day I noticed that my proof was over corrected, especially as regarded some verses from Ovid. I contested the legitimacy of these corrections, but the proof-reader, the very devil of a good fellow, fortified himself behind a mass of lexicographers and furnished me the full proof that I was in the wrong. I still clung to my own version, however, until finally in order to settle the matter it was submitted to the judgment of my illustrious friend, Dr. Littré, who decided against me in favor of the type-sticker. Since then I have not been so egotistical."

PRACTICAL MEASURES AGAINST ALCOHOLISM.—A German clergyman, Rev. G. F. Fuchs, has written a temperance tract of more than common good sense. He follows and quotes Christ and the apostles in approving the moderate use of mild alcoholic beverages. His points are that we should strive in every way to discourage excess. One obvious way is to oppose all laws which make drunkenness an extenuating circumstance in crimes—on the contrary, it should be regarded as an aggravation. In this, says the Medical and Surgical Reporter, he is undoubtedly right. It would be difficult to devise a plan to encourage drunkenness more than to have it exculpate acts committed under its influence. He also urges the establishment of coffee taverns and coffee wagons. Again, he argues very justly that no liquors should be sold except at restaurants where regular meals are supplied. This is a very sound suggestion, based on obvious physiological grounds.

TREATMENT OF PREMATURE BALDNESS.—Dr. Lassar advances the theory (Berliner Klin. Wochenschrift) that premature baldness is the result of contagion, and not of any general condition of the health. The method of treatment which he suggests on this etiological basis is as follows: The scalp is to be washed every day with tar soap, or soft glycerine soap, or with soap containing sodium iodide; the soap is to be thoroughly applied, and rubbed into the scalp for fifteen minutes. Following this, a warm douche is used; then after the application of a corrosive sublimate solution (two parts in one thousand) the hair is dried, and a half per cent. spirited solution of naphthalin is rubbed into the affected parts. Carbolic or salicylic acid may be employed. If this treatment be adopted in the early stage, when the hair is just beginning to fall, it usually proves successful, but it must be kept up eight weeks or more. The fact that this disease is due to a communicable morbid principle suggests that it may be conveyed by the comb and brush of the barber.

INCOMBUSTIBLE WOOD AND PAPER.—Dr. Winkelmann (Chemische Zeitung) reports success with the following solution as a protective of inflammable material against burning: Chloride of manganese, 33 parts; orthophosphoric acid, 20 parts; magnesium carbonate, 12 parts; boracic acid, 10 parts, chloride of ammonium, 25 parts; water, 1000 parts. This solution on permeating the material incrusts the cells with pyrophosphate of manganese and magnesium, and borate of magnesium, which are insoluble double salts. The chloride of ammonium serves to keep the phosphates in solution.

In order to saturate wood with this solution it must be exposed to it for six or eight hours at the temperatue of boiling water, or have it forced into it by pneumatic pressure. Articles made of paper are coated with or soaked in the solution after it has been boiled. Thus protected otherwise inflammable material is capable of resisting an intense degree of heat.

LET NATURE REMOVE THE PLACENTA.—In Deutsch. Med. Woch., September 26, 1883, Dr. Dohrn thus sums up his experience:

1. In one thousand lying-in women, in whom the expulsion of the placenta was left to nature,

the results were far better than in one thousand others in whom Credé's method of expulsion was used.

2. The one thousand lying-in women in whom the placenta was spontaneously expelled, had considerably less hemorrhage and fever after delivery. In those cases treated by Credé's method, portions of the membranes were frequently retained, and there were more fatal cases than in the others.

3. The disadvantages which are conditional to the method of Credé, are especially seen in the cases in which the placenta is expressed during the first five minutes. After a longer time the expression was more complete, but never as safe as by the spontaneous method.

THE CAUSES AND PREVENTION OF SUICIDE.—Medical and Surgical Reporter: That there is a steady increase of suicide in all civilized lands, seems acknowledged by the best statisticians. In a review of Prof. Reclam's writings on the subject, a German critic agrees that one fertile cause is the over-education of the masses—giving young people tastes and ambitions which in the vast majority of cases cannot be gratified, and thus rendering them discontented, and at last desperate. Another cause is the growing belief that material success is alone worth an effort—in other words, the neglect of spiritual religion and elevated philosophy. A third is the excessive use of distilled spirits; and a fourth, the oppression of a forced military service.

Prof. Burt G. Wilder in the course of an article in the American Journal of Neurology and Psychiatry, describing the brain of a cat, declares that "the cœliæ are lined by endyma. The cœlian boundaries are readily recognized, excepting the dorsal limits of the diacœlia. Just dorsad of the habena is an irregular line, the ripa, indicating the line of rupture of the diatela or roof of the diacœlia. * * * * * The fornix was divided just dextrad of the meson, so that the mesal crista does not appear in the figure. The less clearly defined light lines curving dorso-caudad from this point represent the natural free dorsal margin of the fornix, which is continued laterad into the fimbria." The brain of the cat, it will thus be seen in a fearfully and wonderfully made piece of mechanism. It is, moreover, not often that the words which the professor employs in his description are dragged forth from their resting place in musty lexicons.

The Massachusetts Eclectic Medical Journal thus bewails an existing condition of affairs in the Eclectic fold: "A horde of unscrupulous men from every school or from no school—men who, on account of ignorance or disreputable practices, either cannot gain recognition at the hands of decent and reputable men, or have forfeited it, knowing how popular is the clectic system, seize upon the title "eclectic," and all decent men wearing that name are made to bear the odium of their acts and crimes" But why, we would venture to inquire once more, should there be any such title as "eclectic?" Is not the ancient and honorable title of physician broad enough to compass all who practice the healing art? Is not the chosing of a distinctive name by these "eclectic" practitioners, so-called, for an ulterior purpose, not covered by the name "physician?" The "eclectics" may relieve themselves of the odium which they deplore by ceasing to be "eclectics" and becoming "physicians."

Dr. Frank B. Smith, of Detroit, whose license to practice in Illinois was revoked by the State Board of Health of that state for "unprofessional and dishonorable conduct," commenced suit on the 14th inst. against Dr. John H. Rauch, secretary, in the United States District Court, laying his damages at $50,000. Dr. Smith is peripatetic physician and a member of an advertising combination in this city. The "unprofessional and dishonorable conduct" on account of which his license was revoked, was the projection of the combination's methods into Illinois. It is a way of the combination to bring suit for overwhelming damages against its enemies. A couple of years ago it sued a Detroit doctor for $50,000 or so, for alleged liable, but beyond getting its name into the papers we have not heard of any profit which accrued to them from the suit. The idea of collecting a $50,000 verdict out of a doctor! Preposterous.

The Independent Practitioner tells of a brow beating professor who after giving a lecture on the facial and other expressions of gout insisted that the patient before the class was a victim of the disease. The patient denied ever having had it. "But your father must have had it." "No, sir," said the man, "nor my mother either." "Ah, very strange," said the professor to his class." I am still convinced, however, that this is a gouty subject. I see that his front teeth show all the characters which we are accustomed to note in gout. "Front teeth!" ejaculated the patient. "Well that beats everything. It's the first time I ever heard of false teeth having the gout. I've had this set for ten years." The inquisitorial professor was, as may be imagined, quite discomfited by this sally.

John P. Howard has announced his intention of donating a new building to the medical department of the University of Vermont, and of refitting the old building for a gymnasium. The cost of these improvements will be $40,000, which added to previous gifts will make the donations of this philanthropist to the University and the city, foot up to $400,000 within the past ten years. How infinitely better it is to thus give while one is living than to wait until death obliges the millionaire to let go his shekels.

The Sanitarian says it can name at least twenty periodicals on its exchange list whose best fruit is habitually stolen. Some it says (and we trust it has

devoutly prayed to be forgiven) "ex" "sel" in sneak thievery by adding one of the little words here quoted, instead of crediting the source of this fruit—lest by so doing the reader may be induced to seek knowledge elsewhere than in their own otherwise barren deserts. We had supposed that Dr. Bell was too old a veteran to suffer such things to annoy him. We have long since ceased letting these purlioners worry us.

The New York Country Medical Society has a fund from which it pays an annual prize for essays of merit. Although essays have been presented during the past two years none have been ajudged of sufficient merit to draw the prize—a gold medal valued at $100. It seems a little strange that in a society numbering nearly a thousand members, two years should pass without a paper worthy of this prize, and that too in the medical centre of this country.

Medical journals which admitted to their pages the advertisement of Dr. H. H. Kane's opium habit cure, are now apologizing for having done so. Dr. Kane through his work on "Drugs that Enslave" achieved an enviable reputation as an authority on the treatment of the opium habit. This reputation he is now seeking to turn to account through practices which are not ethical. *Hinc illæ lacrimæ.*

"Diaploma," "diplomy," "diplomer," "diplomah," "diaplemy," "diopluma," "dipluma:" These are seven different ways, according to the files of their State Board of of Health, in which Illinois doctors spell the name of the instrument which gives them authority to practice medicine. Let it be hoped that their slaughter may be confined to the Queen's English.

There will be a Sanitary Convention, under the auspices of the state Board of Health, at Ionia on December 13 and 14, prox. Reduced fare on railroads may be secured by applying to the secretary of the convention, A. W. Dodge, Ionia, Mich., for certificates.

To attain length of days maintain a mental equanimity which neither success nor reverses can disturb. Love nothing too passionately; hate nothing too violently; fear nothing too strongly.

Insanity Considered in Its Medico-Legal Relations. By T. R. Buckham, A. M., M. D.
Philadelphia: J. B. Lippincott & Co.
Detroit: John Willyoung.

Among the books (whose name is legion) which have been issued from the medical press of late years, there have been few whose titles have been so well calculated to excite the attention of the profession as is that of the work now before us. There are few communities in which medical men have not, particularly of more recent years, been pitted against each other in courts of justice, on the question of the sanity or insanity of some criminal or decedent. It is scarcely necessary to say that in such contests, the medical expert testimony neither promotes the cause of justice, nor covers the profession with glory. So true is this, that such testimony has come to be held as of little or no value by either judges or the legal gentlemen at whose instance it is summoned.

The cause of the deplorable condition of affairs above hinted at lies in various facts, which it is not our purpose now to enumerate, but prominent among which is an almost total ignorance on the part of the "experts" of the very rudiments of the knowledge necessary to qualify for an opinion. The cause of this ignorance is two-fold: first, the lack of attention to the subject of insanity in the medical colleges; and, second, the lack of any concise and readable text-book which the graduate might consult with a view to learning enough to, at least, qualify himself against the exposure of his utter ignorance. The book which has been thus lacking has now been very successfully supplied by Dr. Buckham, of Flint, Michigan.

Dr. Buckham evinces such a course of reading on the subject of his book as qualifies him for the detection of the weak spots in the writings of others—spots which it is the chief object of his book to strengthen. Such a course of reading must necessarily be very extensive. A vast amount of unnecessary space is consumed by book-makers who are not thoroughly familiar with the writings of their predecessors.

The introductory chapter of the book is devoted to an enumeration of the definitions of insanity as given by the legal profession; which definitions are so arranged as to show at a glance their great diversity. The opinions which eminent judges attach to expert testimony, so called, are also reproduced. Succeeding chapters are, respectively, devoted to the discussion of definitions based on those conceptions of mind which hold it to be a something quite independent of matter; and those which hold it to be a product of matter—a secretion of the brain. Arguments are adduced to show that definitions thus based are essentially erroneous, and the author proceeds to elucidate his "Physical Media Theory." According to this theory mind is an incorporeal entity, and, while independent of matter, works through it, differing in the peculiarities of its manifestation with the varying conditions of its media. While the brain is the recognized instrument of the mind, its condition, in so far as concerns its manifestation of mind, is very intimattly dependent on the condition of other organs of the body, as the stomach, liver, etc. According to this theory, there is no such thing as a *mind* diseased. The manifestation of mind may be perfectly normal as the result of its working through some channels (trains of thought), but abnormal when it is run through other channels. The author hazards the opinion that the time is not very remote when the pathological conditions on which every form of insanity depends will be as complete and well-known to experts as

are now the indications of the various diseases of the kidneys, and by the same agencies—chemistry and the microscope.

After presenting, in a very able and lucid manner, his arguments in support of his physical media theory, Dr. Buckham adduces as proof *par excellence* of the correctness of this theory the fact that there is not an alienist in the United States who believes that insanity is a disease of the mind. It is to be deplored that the symmetry of his logic should be marred by such a defective piece of reasoning.

The author's definition of insanity, evolved from his theory, is that it is "a diseased or disordered condition, or malformation, of the physical organs through which the mind receives impressions, or manifests its operations, by which the will and judgment are impaired, and the conduct rendered irrational." As a corollary to this he offers the following: "Insanity being the result of physical disease, it is a matter of fact to be determined by medical experts, not a matter of law to be decided by legal tests and maxims."

The somatic theory of insanity, as enunciated by Maudsley, is traced to its logical results, and these are shown to be absolute irresponsibility of man for his conduct—a manifestly dangerous theory in its bearings on society. The author in his physical media theory recognizes the existence of will, and while he concedes that "there is a divinity which shapes our ends," he maintains that "every man is the architect of his own fortune."

We regret the lack of space which prevents our reproduction of the author's views as to what should constitute the qualifications of an expert on insanity. The whole chapter of a hundred pages should be committed to memory by every general practitioner. It must suffice for us to say concerning it that were its teachings to be generally followed by the latter there would be a surcease of those unseemly scenes in our courts of justice due to the attempts of "experts" to settle the question of insanity in a given case.

Of Dr. Buckham's work as a whole we have to say that it is an exceedingly valuable contribution to the literature of its subject. There is, of course, illimitable room for argument and difference of opinion, in matters insusceptible of positive proof or mathematical demonstration, and it is no greater disparagement of this treatise for us to dispute the correctness of its author's conception of mind than it would be to dispute the correctness of every other author's conception of the same. Until we are able to *know* whether mind is an independent incorporeal entity (a thing quite incapable of scientific proof) or a result of brain functioning, there will always necessarily exist a difference of opinion on the question. Until we thus know, religious predilection rather than scientific investigation will determine opinion.

None of our readers who will follow our advice and possess themselves of a copy of this book will, we venture to say, ever reproach us for this advice.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Toxicology in the University of Buffalo, and in the University of Vermont; Professor of Physiological Chemistry in the University of the City of New York, etc.
New York: Wm. Wood & Co.
Detroit: John Willyoung.

The reason which the author gives for adding another to the already long list of chemical text books, is that the work is intended solely for the use of a class of student whose needs in the study of this science are peculiar, viz., medical students. It is, therefore, devoted to the general truths of chemistry and the applications of the science to medicine.

It is divided into three parts, the first of which is devoted to the principles of chemical science and to so much of chemical physics as is requisite to a proper understanding of that which follows. Part second treats of special chemistry and it is in this that the departure from the methods usually followed in chemical text books are to be noted. The elements are classed, not in metals and metalloids but in groups according to their *chemical* characters. Part third is taken up with those operations and manipulations which will be of utility to the student and physician.

In deference to the opinions and needs of practitioners to whom Troy and Apothecaries weights are more familiar than the metric, the equivalents in the former are given in brackets after every expression of weight in the latter. This feature of the book is an admirable one and will be appreciated not only by the "venerable" practitioners for whom the author intends it, but also by practitioners who cannot be said to be very venerable and even by such students as have not yet learned to think in the metric.

The author has had large experience as a teacher of medical students, and thoroughly appreciating their needs his book is especially calculated to supply them. A teacher of chemistry in one of our local colleges expressed his opinion to us the other day that Witthaus's Chemistry for Medical Students is the book for which he "long had sought etc.," and was enthusiastic in its praises. Our examination of it reveals no cause why we should differ from this expert's opinion.

A COMPLETE HAND-BOOK OF TREATMENT, ARRANGED AS AN Alphabetical Index of Diseases and to Facilitate Reference, and containing nearly one thousand formulæ. By William Aitken, M. D., (Edin.), F. R. S., Professor of Pathology in the Army Medical School; Examiner in Medicine for the Military Medical Service of the Queen, etc.
New York: Bermingham & Co. Price $2.00.

The characteristics of the book before us are its conciseness and its comprehensiveness. It aims to be thoroughly practical and to this end it devotes the smallest possible space to the definitions of the diseases which it discusses, and the largest possible space consistent with its 444 small octavo pages, to treatment. It is a sort of middle ground between the "vest-pocket" abortion and the ordinary sized treatise on the practice of medicine. It is based on

or rather extracted from Aitken's Encyclopœdic work on the Science and Practice of Medicine with which the profession is so familiar. Its formulæ will commend it to a large class of young practitioners.

THE ESSENTIALS OF PATHOLOGY. By Tod Gilliam, M. D. Professor of Physiology Starling Medical College. Philadelphia: P. Blakiston, Son & Co. Detroit: John MacFarlane.

This is a neat and concisely written work of 280 odd pages. The author has departed from the usual path of writers of works of like character, and made a book which is in many respects superior to all others. Its extreme brevity is particularly advantageous. It is singular that a man writing a book upon some of the collateral branches of medical art or science should find it necessary to quote all that has been written upon the subject by those who have gone before him, just as if he expected all other works would be destroyed the moment his work was finished, and that the only possible means of acquiring medical knowledge hereafter would be by reading his book. Dr. Gilliam has nicely avoided this quite common error and has presented only the essentials of pathology. The chapter on inflammation is not quite as clear as were the lectures delivered by Burdon Sanderson two years ago. There is an attempt to follow in the path marked out by that great master of physiology. It is not nearly so good to say that "inflammation is a condition resulting from irritation, characterized by disturbance of nutrition and derangement of the vascular apparatus," as to say "inflammation is nature's remedy for the repair of damage." The former definition means the same, but is a little ambiguous—not nearly so plain and simple as the latter by Burdon Sanderson.

The classification and morphology of tumors are very good. The practitioner or student who familiarizes himself with them need never hesitate about assigning any morbid growth to its proper place.

The book is published in the most approved style of typographical art. The binding is excellent, and is certain to endure the constant usage which the merit of the text insures.

The Medical Treatment of Membranous Croup.*

BY C. G. JENNINGS, M. D.,† DETROIT, MICH.

Statistics show that the prevalence of membranous croup may be represented as a wave beginning with the autumn months, rising with more or less regularity, reaching its acme during December or January, and declining with the appearance of the warmer months of spring. I have thought that at this time, when this dreadful disease is commencing its ravages in our community, a discussion on the methods of treatment of it might be of profit to the society. In this paper I leave out of consideration catarrhal and spasmodic croup and those rare cases of pseudo-membranous inflammation of the larynx which have been observed sometimes to follow a traumatic irritation, confining my remarks to idiopathic membranous inflammation of the larynx or trachea. Unfortunately, I have neither a new nor an eminently successful plan of treatment to offer, but I shall attempt only to give a short study of the results that have followed the use of various remedies well known to the profession, in 45 cases that have come under my observation during the past three years.

As prefatory to the consideration of treatment I will state that I consider that mild, sporadic inflammation of the larynx bears the same relation to diphtheria that the similar pathological condition of the pharynx does. There is no anatomical or clinical dividing line between what is termed membranous sore-throat and diphtheria, and the same, I think, may be said of membranous croup and diphtheria. My observations lead me to believe that all three conditions are pathologically identical; and that the clinical differences which they manifest are due to differences in the severity of the disease, and the anatomical location of the exudate. Writers who believe that there are two distinct membranous inflammations of the larynx array in opposition a long table of distinctions between them. The arguments *pro* and *con* are too well known to you all to require repetition. To me the distinctions made do not seem sufficient to establish their essential diversity. This question assumes practical importance only when considering the prophylaxis of the disease. In my opinion all cases of membranous croup should be separated from healthy children. Many cases are very mildly or, perhaps, not at all contagious, but there are no means of determining this in a given case and other children should be given the benefit of the doubt.

To more easily view the efficacy of treatment in the various forms of the disease I have divided my cases into three classes: (1), cases accompanied by severe pharyngeal diphtheria; (2), cases accompanied by mild pharyngeal diphtheria; (3), cases unattended by pharyngeal exudate.

In class 1 there were 14 cases with 12 deaths and 2 recoveries; 3 tracheotomies and 1 recovery.

In class 2, 26 cases with 21 deaths and 5 recoveries; 6 tracheotomies and 3 recoveries.

In class 3, 5 cases with 2 deaths and 3 recoveries; 3 tracheotomies and 2 recoveries.

In the 45 cases then there were 35 deaths and 10 recoveries; 6 of these recoveries took place after tracheotomy, leaving 4 in which medical treatment alone availed.

Whatever type the disease may assume, or however opposite may be our conception of its pathological relations, the object of treatment will be the same. Suffocation threatens from narrowing of the calibre of the larynx by the formation of a membrane within it, and bearing this in mind medical treatment will be indicated, 1st, to endeavor to limit the exudative process; 2d, to dissolve and loosen

* A paper read before the Detroit Medical and Library Association.

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the exudate; 3d, to assist the expulsion of the loosened membrane; 4th, to relieve laryngeal spasm; and 5th, to support the strength. Many cases of laryngeal diphtheria are attended by more or less pharyngeal exudate. The treatment of that feature of the disease is not within the province of this paper. When it occurs it is understood that appropriate treatment must be instituted.

To fill the first indication we have no specific. Many remedies have been brought forward, most of them only to fail and be forgotten. In times past calomel was used for its supposed antiplastic action, and at the present time reports claiming for it an almost specific action are going the rounds of the medical journals. I have treated one case with the large doses now recommended, but with very evident harmful results. Chlorate of potassium and chloride of ammonium have the confidence of some members of the profession. I have had but little experience with them. A remedy that will suggest itself immediately under this head, considering that we have to treat an inflammatory disease preceded by a stage of congestion, is the application of cold. The larynx being near the cutaneous surface it may be efficiently used either in the shape of cloths wrung out of cold water or a bag of ice. No stage nor form of the disease contraindicates its use, but it will manifestly be of the greatest benefit in those cases where the signs of diphtheritic infection are least marked, and in the early stage of the disease when the exudate is forming. I have given, where possible, sulphate of quinine to restrain exudation. In full doses—two grains every two or three hours for several doses to a child three years old—it has seemed often to exercise the most beneficial influence over the progress of the disease. During its administration the evening exacerbations of dyspnœa have been less severe, the morning remissions more pronounced, and the attacks of laryngeal spasm ameliorated. Quinine has no action that would indicate that it had any influence on the formed membrane; hence here it must be preventive rather than curative. Its effect in restraining exudation, and deminishing the accompanying œdema may be explained by its well-known action of checking the rapidity of white blood cell migration and depressing the circulation. The laryngeal spasms are relieved undoubtedly by the diminution of the reflex irritability of the laryngeal nerves. In 20 of the above cases the remedy was used for a sufficient time to obtain its full effect. Of this number 10 died and 10 recovered. Tracheotomy was performed on 9 with 6 recoveries. These are excellent results, but it must be added in explanation that other elements assisted to produce them. A majority of the cases were under treatment from the inception of the disease, and other remedies, such as steam and emetics, were energetically used. It is very difficult under such circumstances to determine by clinical methods the exact value of a single therapeutic agent.

The second indication must be met by topical measures. The only practicable method of introducing a medicament into the larynx in this disease is either by vapor or spray. The latter method is preferred, the spray being produced by a steam atomizer, and in this country is the main treatment of many physicians for the disease. Many remedies have been suggested for use in this way on account of their solvent action upon false membranes. My experience is confined to four: Solutions in water of bicarbonate of sodium 1:100; lactic acid 1:50; hydrate of potassium 1:1000; and officinal lime water. I have been unable to detect any difference in their action and have used them indiscriminately, giving the preference, perhaps, to bicarbonate of sodium, because it was the handiest. In 23 cases the steam atomizer was used, with 4 recoveries attributable to medical treatment. It is impossible to say to what extent the remedy was useful. I have but little faith in the solvent power of medicated steam spray. Even when the atomizer can be used almost continuously the amount of the medicament that reaches the larynx must be very small; not enough, I think, to have much effect. Thus, I have seen a spray projected for hours directly against a pharyngeal exudate, also against a laryngeal membrane exposed by a tracheotomy wound, without producing any visible change. Although possessing but little solvent power, steam spray is of considerable value in the treatment of this disease. It frequently decreases the dyspnœa in a marked manner, and it is often eagerly inhaled by the little patients. It acts, probably, as a warm moist application, diminishing the œdema and reflex irritability of the larynx. In many cases, however, it is impossible to use an atomizer, and we may substitute for it warm vapor of water, medicated or not. Vapor generated by slaking lime is a favorite remedy with some; ordinary steam is about as useful, and many ways will suggest themselves to the physician for keeping the air of an apartment saturated with it.

Coughing is nature's method of removing foreign substances from the respiratory passages. In children with croup the cough is often too feeble to expel the mucous and shreds of membrane from the larynx, and we may have recourse to emetics to produce more violent expulsive efforts. Those most in use are ipecac. turpeth mineral, sulphate of copper and alum. My experience is confined to the first two. Ipecac. increases the secretion of the bronchial and tracheal mucous membranes, and, although it has some depressing effect, is generally the most valuable of the emetics. Turpeth mineral acts promptly, without much depression, and is not liable to produce intestinal irritation. The effect of emesis is almost entirely mechanical, the dilatation of the glottis, which accompanies the act, exposing a large part of the larynx to the current of air from the lungs. Although permanent benefit is rarely the result of the administration of an emetic—with me it has never been—a full dose of ipecac. or turpeth mineral may be given with a view of detaching the membrane from the larynx or expelling a loosened

piece. Should benefit follow it may be repeated at appropriate intervals. In the last stage, when reflex irritability is obtunded by carbonic acid poisoning an emetic will often fail to act and should be given with circumspection, as it can do but little good and may prove a dangerous gastro-intestinal irritant should tracheotomy be performed. Thus, in one of my tracheotomies, apparently the most favorable of all my cases, the patient died from exhaustion largely due to a very violent attack of entero-colitis brought on by large and repeated doses of "goose-oil," administered by the mother to produce emesis.

In all cases there occur, especially in the second stage, spasmodic attacks of distressing and dangerous dyspnœa. Quinine and steam, as stated above, relieve this symptom to a certain extent, but often more direct anti-spasmodics are necessary. Bromide of ammonium, in full doses, and opium, I have found to be the most efficient.

In the last stage of the disease stimulants are required to whip up the exhausted respiratory nervous centre and muscles. Alcohol and carbonate of ammonia hold the first place and may be given freely. When a tracheotomy is contemplated I am very particular in regard to this point.

Now, to sum up, in a few words, the medical treatment that I think will give a child with croup the best chances of recovery: the patient should be placed in a warm moist atmosphere and a cathartic administered; if pharyngeal disease be present, proper local treatment directed thereto; in suitable cases a bag of ice, or cold cloths, applied to the neck; full doses of quinine and moderate cinchonism kept up; the steam atomizer used as continuously as possible; an occasional emetic during the first and second stages; anodynes to relieve spasm, and stimulants to sustain the strength.

In regard to the efficacy of the above treatment, even when faithfully carried out, I can say but little. In most of my cases medical treatment was almost useless, and my experience, I find, corresponds with that of all physicians who have many cases of membranous croup to treat. The nature and extent of the disease have very important relations to this question. Just as pharyngeal diphtheria presents all grades of severity, so also does the disease when manifested in the larynx. Many cases show such slight constitutional disturbance that they would almost pass unnoticed were it not for the peculiar symptoms that a membrane in the larynx produces; and again the diphtheritic toxæmia may be so grave as greatly to hasten the fatal result. In the same manner the exudate shows variations in different cases. Thus, the membrane is frequently thin and soft, and loosely attached to the mucous membrane; or it is thick and firm, but limited to the upper part of the larynx, around the epiglottis and above the vocal cords; or, as is too often the case, it is thick, tough and firmly attached, and extends throughout the whole of the larynx and trachea, and sometimes even into the bronchial tubes. The few cases that I have had recover with medical treatment belonged to the milder forms of the disease; they were cases in which the local symptoms, particularly, were not severe. In none of them was the dyspnœa great enough to cause immediate apprehension.

The only cases then that seem to offer any hope of success with medical treatment are those in which the disease is very mild and limited or can be made so by the feeble measures we possess.

When a firm membrane has formed over a large area in the larynx I can see but little hope for the patient through medical means; such a case will in all probability progress to a fatal issue. To be sure, the membrane may be cast off bodily and a cure result; but this happens so rarely that it can be looked upon only as a bare possibility. The membrane was ejected in one of my cases only to re-form and necessitate tracheotomy.

The question of tracheotomy in croup does not belong to this paper. In regard to its advisability the few cases I have related speak more eloquently than I can.

In conclusion, Mr. President, I would emphasize the lesson that my experience has taught me: that is that in a large percentage of the cases of membranous inflammation of the larynx, tracheotomy is the only treatment that offers any hope of success, and that whatever medical treatment is instituted it should never be of such a character as to unfit the patient for that operation.

The Management of Potts' Disease of Spine in Very Young Children.

BY HAL C. WYMAN, M. D., DETROIT, MICH.*

The fact that the dreadful malady mentioned in the title frequently attacks children under five years of age and subject to rapid growth, makes it necessary to exercise great caution in the selection of proper apparatus for the treatment of these unfortunate little ones.

A skilled and experienced surgeon has remarked in my hearing that he would rather see his children dead than to see them suffer from spinal caries and the painful treatment by rigid appliances which seldom does little more than postpone the unsatisfactory termination of the disease. This gloomy view of the management of a quite common disease impressed me profoundly. I saw in my own practice not a few children whose pinched and sickly faces told plainly that the excoriations and difficult breathing caused by the rigid plaster-of-Paris jacket were adding to the fret and worry imposed by the disease. Bringing to mind the marvelously rapid growth of all the tissues in childhood and the great length of time that apparatus must be worn to be of use in the treatment of Potts' disease, I saw clearly that the plaster jacket must be removed often or it would be dangerously detrimental to the health of the young sufferers. I find it impracticable to renew the jacket in cases under five years of age often enough to keep pace with the growth of the respiratory and diges-

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tive organs and of the deep muscles of the back which are of great use in diminishing the pressure on the diseased bodies of the vertebræ, and have instead used a simpler apparatus which is applied more easily and which is removed whenever it annoys the peace and comfort of the patient. In adjusting it the child is laid with its back up across the nurse's lap so as to extend the spine to nearly the normal limit. A piece of cotton flannel is laid next the skin of the back, extending well up over neck and shoulders and down over the sacrum, covering some less than one-half the circumference of the trunk. Over this is laid a sheet of absorbent cotton. Then a bandage of cheese cloth six inches wide and two or three yards long, with the meshes carefully filled with plaster of Paris, is dipped in water and folded up and down over the cotton and rubbed smooth with the band, as in making the plaster jacket. Next a roller of cheese cloth six inches wide is passed round the trunk, and in figure 8 about the shoulders and pelvis until the plaster is firmly adapted to the back. When it has set the bandage may be unrolled from the trunk and a good firm cast of the back be removed. The edges of the cotton flannel may be sewn to the edges of the plaster and the durability of the apparatus greatly increased. To apply it all that is necessary is to fit it to the back and fasten it there by a good broad roller of cheese cloth carried over it and around the trunk. If properly made it will not slip. No great skill is necessary to fasten it with the roller. The facility with which it may be removed and replaced enables the nurse to give the muscles of the back a good thorough rubbing every night, thereby increasing their power and enabling them to exercise the full limit of their power in maintaining the spine in a position that will permit very little pressure or friction of the diseased parts.

So much for the management of Potts' disease in young children by means of apparatus, but it is only a small part of what must be done by other means to bring the case to a satisfactory termination. There are two objects to be attained by treatment: one is to avert the tendency to death from gradual exhaustion, and the other is to limit the degree of deformity. Both of these purposes involve in their consideration a determination of the stage of the disease. After abscess has formed and opened by sinuses in groin or gluteal fold or elsewhere, when the case first comes under good surgical care the pus cavities must be carefully washed with antiseptic solutions. I have syringed such channels daily with a wash composed of boracic acid ℥ ss, corrosive sublimate gr. ss, pure water Ojv, warmed to the temperature of the body before using. Two ounces of this solution will usually suffice to flood and thoroughly cleanse the sinuses.

In a case where an ugly sinus discharged between the angles of the 10th and 11th ribs I made a fenestrum in the plaster cast, and while it was not necessary for the purpose of washing merely it was very convenient for the application of absorbent cotton to take up the discharges after washing. All sinuses after cleansing with the afore-mentioned solution should be carefully protected by a dressing of absorbent cotton or oakum and a layer of antiseptic gauze; septic fever may be effectually combatted by these means.

In the stage which precedes the formation of sinuses the patient should be examined often and the moment fluctuation is detected the aspirator should be used to withdraw the fluid. The strictest cleanliness should be observed in this matter. The smallest quantity of air entering an abscess may be a source of septic infection. Children are very sensitive to putridity. I have known the careless use of the aspirator to be followed by weeks of hectic and pain, causing life to be dispaired of. Before abscess appears, while nature is carrying off the products of her attempts to repair the damage which has been done by trauma and miseré physiologique, the treatshould be of a character to diminish the tendency to abscess and limit the amount of deformity. At this stage of the case there is often no distortion of the spinal column to make clear the diagnosis, but it is a period when sound principles of treatment are quite sure to obtain satisfactory results. It is now that the cast is likely to prove most beneficial by limiting the movements of the vertebræ, and that the so-called constitutional treatment avails something by getting the system into the best possible condition.

In addition to the exhibition of the salts of iron and lime and of the bitter tonics *per os*, I have constantly resorted to the use of quinia and morphia by inunctions with most happy success in obtaining their antiperiodic and quieting effects. That opium and its alkaloids are of great use in preventing the retrograde changes incident to this disease has been shown by the uniform success with which they have been used by adults. The aliptic art is almost forgotten in modern therapy, but if any practitioner, skeptical of its value in the management of diseases which fret and worry away the peace of children, will take the trouble to rub into the skin of a child 3 years old, restless and peevish with Pott's disease, a drachm of good clean ointment containing one-eighth of a grain of oleate of morphia, every night before retiring, he will satisfy himself of a very good remedy and find an explanation of the praises sung of the aliptar by the Greeks and Romans. The rubbing of the skin with the smooth hand conduces to sleep by inhibiting the irritability of the peripheral nerves. The aliptic method of using remedies to improve the general tone of the system, and an apparatus which by the facility with which it may be removed and replaced, favors most this method is the most rational and the most neglected means of treating one of the most painful and fatal diseases of childhood. Contrast it with the treatment by fixed apparatus and the absurd attempts at removal of deformity by constant extension. By the former method you may see the development of compensatory curves with which the child grows out of his disease and deformity; by the latter you see him grow septicæmic and die.

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Science and Patriotism.—Science is, of course, cosmopolitan, and there is something unseemly in attempting to influence its progress by prejudice or any of the sentiments which are not of kindred breadth. It knows neither country nor nationality and all its devotees are brethren. It flourishes best in an atmosphere which is deadly to the more human passions, and where it is hampered by these it droops and dies. It is god-like in its aims, having for its mission the greatest good of all. It is eminently altruistic in its scope and egoism is unfavorable to its development.

But while these declarations are axiomatic there is also a sentiment which we call patriotism which is a powerful element in human affairs, and which has been a more potent factor in human progress than even science itself. While, therefore, science must be fostered, the fostering must not be at the expense of patriotism. We are wont to deplore the jealousy which exists between the French and the German savants, but we must not forget that patriotism is at the root of this jealousy and that without patriotism neither Germany nor France would have reached that development as nations which has made it possible for them to give to humanity their scientists.

These reflections are the somewhat crudely crystallized outcome of a consideration of the apparently growing tendency on the part of American physicians, and particularly of the more recent progeny, to exalt foreigners and foreign institutions at the expense of home talent and institutions. It has even already come to the pass in which a growing element in the profession of this country affect to despise the practitioner who has not "been abroad," and who is not able to speak of "my friend Highjinks, of London," or who has not stood at the elbow of "my friend Pretzel, of Berlin," or served as bottle-holder for "my friend Francois, of Paris (*Paree*)." Doubtless the advantages of a foreign trip and of even but a few week's mingling with the leaders abroad are very beneficial, but if they cannot be enjoyed without generating the spirit of toadyism, which is so manifest in the correspondence of those who have of late years enjoyed them, it were infinitely better for American medicine, and for the American people, that our callow youth be kept at home. It seems to have become the correct thing and "in good form" for "our foreign correspondent," (who in most instances has been an M. D. only since the preceding spring) to effuse till he "slops over" on the personnel of the foreign professor, and to correspondingly belittle, by implication at least, the American teacher. We have known a young man to pass a very indifferent examination for his degree in an American college, immediately after which he went abroad. On his return in the course of a few months, during which he had traveled through Europe and visited nearly all of the seats of learning, his reports of what he had learned were simply startling and impressed us very deeply with the knack which foreigners have developed for infusing knowledge into the indifferent American student. The young man settled in our midst, much to the dread of the simple, home-made doctors, but in the course of a comparatively short time it would have required more than the evidence of his work to convince one that he had ever held a sponge for Billroth or cleaned a catheter for Sir Henry Thompson.

Medical education as conducted in the colleges of this country has unquestionably degenerated to a low estate, and it would be wrong to attempt to palliate it, but the fact does not argue that American teachers are less competent than those of other countries or that the facilities afforded in this

country, for acquiring a medical education are inferior to those furnished abroad. The young man who has the material in him and who is more anxious to be a good doctor than to have "M. D." affixed to his name, may gratify his ambition as successfully in America as he can in Europe. Because our medical schools commit the fatal blunder of admitting men unfitted by either nature or education to receive a medical training, and as a consequence turn loose upon a long-suffering community, a horde of incompetents, it does not follow that they have not the facilities for making good doctors out of good material. To maintain that they have not is at once to support an error and to create a distrust which is damaging to the cause of American medical education, destructive of proper national pride and calculated to foster contempt for us abroad.

America is young, but she is a young giantess, pregnant with possibilities. Because of her youth she lacks much which time alone can produce; but while this is true in respect to many of the arts and sciences it is not true of the science and art of medicine or surgery. In these latter she is not only not inferior but is positively superior to Europe, her European toadies to the contrary notwithstanding. When it is remembered that Keith, the great Scotch gynæcologist, to whose shrine Americans make their pilgrimages, sends his son to the home of Sims and Emmet and Thomas to learn gynæcology, that our surgical literature was never equalled in the world's history, that many of the treatises by Americans are adopted as text-books in European medical colleges, and that the names of many of our teachers are familiar as household words among physicians everywhere, there will be discovered a very sufficient reason why fledglings be kept at home and not suffered to bring their country into contempt abroad. There are branches of medicine, as microscopy, pathology and medical chemistry, for higher advancement in which the facilities of the old world are superior to ours, but there is no valid reason why any one except the specialist who devotes his life exclusively to them, should go abroad to study even these. For all the requisites of the first class physician the facilities for the study of these are abundantly supplied in our best colleges.

What American medicine needs is such a copious infusion of the spirit of patriotism as will deter our young domestic toadies from instituting invidious comparisons between Europe and America. If it is second to European medicine in any particular, the cause is not ineradicable, and with a proper infusion of patriotism, yea of even the somewhat narrow patriotism of France, the cause would soon be removed. This spirit would place such a premium on excellence in directions in which we are weak, as would divert to them such native talent as would in a few years develop such strength out of this weakness as would make us the peers of our most illustrious exemplars.

THE MICHIGAN MEDICAL ACT.—Under the provisions of the medical bill passed at the last session of our state legislature, three months, from September 6th to the 6th inst., were set apart as the time during which physicians recognized as qualified to practice, were permitted to register their names and qualifications with the county clerks of their respective counties. Inasmuch as no provision is made in this remarkable instrument for registration subsequent to the 6th inst., the books are now closed and all resident physicians who may have failed to register up to that time, or strangers who may attempt to practice in Michigan after this date, will render themselves liable to the pains and penalties of the law. We understand that several of our leading physicians have failed to register, and their cases will be watched with interest.

We took occasion on the passage of the amateur attempt at law-making which resulted in this burlesque which has been saddled on the people and the profession, at least until the next legislature removes it, to point out some of its ridiculous features. The little taste which we have had of its practical working has but served to reveal other abuses which are possible under it, abuses which fortunately have been estopped by the blunder which prevents further accession of the ranks of the profession of Michigan of competent physicians during the next two years. In this county the list contains numerous names of students, (actual and prospective), mountebanks, negro "root and yarb" doctors, *et id genus omne*, and by such accessions the number of practitioners, so-called, has been suddenly increased to an extent which will amply compensate for the future exclusion under the Act. Thus far, therefore, the Act has been a positive mischief. It has stimulated to an unwonted degree of activity the very evil it was supposed to have been designed to remedy. There is much in its workings to justify the assumption that it was drafted in the interests of "the children of darkness," who have thus furnished fresh evidence of the fact that they are possessed of a wisdom which makes them more than a match for "the children of light." But whether or not the bill was prepared in the interests of this class, the fact that it has been manipulated in those interests is too patent to admit of question.

This *faux pas* in medical legislation is after all scarcely surprising. The bill was drafted without any consultation with the profession and by some one whose standing in the profession is not known to have furnished him with any warrant to speak or act for it. It was said in excuse of it when it was first laid before the profession, which was not until it had become a law, that it was at least a beginning in the way of medical legislation in this state, and that, therefore, it was better than nothing. But the groundlessness of even this poor palliation of it has already been abundantly demonstrated. It has thus far wrought only unadulterated mischief, unless it may subsequently appear that it has had the effect of convincing the profession of the importance of

that active participation, on the necessity of which we have the satisfaction of having insisted, in shaping legislation affecting its own and the peoples' interests.

PHILADELPHIA CORRESPONDENCE.—You have asked for a correspondence suitable for your pages, and since your sprightly, entertaining journal edifies and instructs the profession, in its own peculiar and pleasing way, I cannot better comply with your request than by gathering together a few items that will instruct and possibly at the same time entertain.

Some of our larger commercial centres are wont to poke fun at Philadelphia, to call us old fogy, behind the age, the thirty-first ward of New York, and so on, and while we must admit that we are not quite as wild in our speculations, extravagant in our expenses, nor as bombastic in our self-conceit as some of our large neighbors, there is one point, and an exceedingly important one, in which we yield the palm to no city in the Union; we are just as truly the medical metropolis of America to-day as we were in the days of Physic, Dewees, Chapman and Jackson. Outside of New York, this position is cheerfully conceded to us, but the commercial head centre, with the European idea that New York is the United States, is jealous of our prestige and lays claims, which she cannot maintain, to a medical supremacy. An impartial observer, who visits our numerous hospitals, inspects our two magnificently equipped medical schools and spends a few evenings with our various medical societies, cannot help but be convinced that Philadelphia stands pre-eminent as a city for medical education.

But enough self-laudation; let us see what our medical men are doing. Last Saturday Professor William H. Pancoast operated for cataract at the Philadelphia Hospital. He is a beautiful operator and it is marvelous to see how deftly he manipulates about such a delicate organ as the eye; he prefers the operation of displacement to that of extraction (when feasible) because there is less systemic shock and less danger of injury to the eye.

Has it ever occurred to you how much force is required to dislocate a joint; this was well illustrated when Dr. Pancoast was excising a hip joint, for even after all the ligaments had been divided, it required a considerable exercise of strength (and Dr. P. is a strong man) to force the bone out of its socket.

Dr. MacFarlan made some interesting remarks on typhoid fever, in the course of which he ridiculed the idea of endeavoring to cure the disease; he has tried all the recommended remedies and has had much better results since he has settled down to the plan of supporting his patient and keeping him alive until the disease runs its course.

We all know how difficult it sometimes is to decide whether a woman is pregnant. Dr. Parish recently exhibited a case in point at one of his clinics. The patient was a weak-minded woman of dissolute habits, in whom a hitherto regular menstruation had suddenly ceased. Failing to find the usual mammary, abdominal or vaginal evidences of pregnancy, Dr. P. concluded that she was suffering from suppression, produced by a generally vitiated and depressed condition of the system, due to her mode of life. He was afraid to introduce a sound into the uterus, lest, should pregnancy possibly exist, he might cause abortion.

Our county society recently devoted an evening to the subject of alcohol. The opinion seemed much divided as to whether the moderate use of alcohol is injurious to healthy humanity, and while the evidence of some of those best qualified to speak, was that it was not, yet I fear that enough importance was not attached to the ambiguity of the word "moderate," for any one with half an eye, can observe that a moderate quantity to one would be an excessive amount to another and *vice versa;* "one man's meat is another man's poison," you know. There was one point upon which there seemed to be a great unanimity of opinion, and it is an important point, namely that when a physician desires to prescribe alcohol for its medicinal effect, he had better order it pure and simple, diluting and flavoring it, if he chooses, instead of giving it in the form of manufactured liquors, for thus, and thus only, can he accurately gauge his dose and avoid the prevalent adulterations.

It was a somewhat rare and interesting case of gastric ulcer that Dr. Dulles presented to the Pathological Society lately; interesting, because while the patient (a woman) had for a long time vomited almost continuously, yet for six weeks before her death there was neither nausea nor vomiting, though she was very careless of her diet, eating pretty much as she chose. The autopsy revealed a very large ulcer that had eaten completely through the walls of the stomach, extravasation of the contents of which organ was only prevented by inflammatory adhesions to the spleen. The absence of vomiting towards the end was probably explained by a very much dilated pyloric orifice, which allowed a free passage for the food. The fact that pain was absent late in the disease might be accounted for by the law of tolerance, the inflamed and irritable stomach becoming so accustomed to the entrance of food that its abnormal sensitiveness had become blunted.

A question of considerable practical interest was raised by Dr. de Schweinitz (son of the Moravian Bishop) when he presented a specimen of scirrhus, removed from the male breast. It was a recurrent tumor and since the secondary disease had for its point of morbid departure the site of insertion of a suture at the time of the primary operation, Dr. de S. suggested that in all operations for the removal of malignant growths it would be well to examine microscopically the edges of the proposed flaps, to ascertain whether they may not contain the dormant germs of malignant disease, ready to be fanned into activity by some irritant, such as the passage of a suture.

It is comforting when we have such men as Drs. Seiler, Bruen and J. C. Wilson express their belief that a great many cases of consumption are absolutely curable, if taken early and Dr. Bruen holds, as one would naturally suppose, that the prognosis is more favorable when the tuberculous process in the lung is circumscribed or limited, so-to-speak, even though the diseased area is a comparatively large one, than when it is disseminated throughout the organ, though in small amounts.

Dr. O'Hara has had excellent results from the use of cactus grandiflorus in a case of dilated and failing heart, in an old man (over seventy) when digitalis and other remedies had signally failed to afford relief.

Professor Stillé has finally determined to resign his chair in the university at the end of the present session. What a grand old man he is! His introductory address at the opening of this winter's session at the university was one of the most scholarly essays it has ever been my pleasure to read.

One by one the old familiar faces are gradually dropping out of the university professional chairs, and while one naturally feels sad to see old teachers dropping into the downward current of life, bearing them on to the other shore, yet, at the same time, the friends of this venerable institution need not fear, for as each one retires, his place has been and no doubt will be most admirably and acceptably filled. Professor Stillé's resignation, means Professor Pepper's elevation, and a more capable man does not wear American medical livery. I doubt if there is a better read man in our profession in this country and he certainly possesses marvelous executive ability; I have it from reliable authority, that, since his installation as provost of the University (less than two years) he has secured donations, aggregating more than half a million of dollars.

Speaking of well read men, Dr. Roberts Bartholow is a prodigy in this respect. He attends every meeting of the College of Physicians, and no matter what may be the subject, nor how diverse the nature of the papers read, when the time for discussion arrives, he almost invariably has something to say, and, what is edifying and worthy of imitation, besides being rare, is that what he says is worth listening to. The Jefferson College secured a strong man when they got hold of him.

One of our exchanges recently asked the question editorially whether it is justifiable to resect the cancreous pylorus, and its statistics answered the question conclusively in the negative, for seventy-five per cent. of the reported cases have terminated fatally. Why is it that German surgery sacrifices prudence to éclat? For this operation is essentially a Billroth procedure; is it another result of the Franco-Prussian war? Anything to eclipse the French, anything to make a hurrah and cause Germany to be talked about. Certainly the reckless disregard of human life and the precipitancy and haste so markedly displayed in the evidently premature deductions of Koch concerning his tubercle bacillus, are not, to say the least, in keeping with the natural phlegmatism, deliberation and forethought of the Germans, no where better displayed than in their careful preparations for this very war. It certainly seems that Formad's anatomical theory of the etiology of tuberculosis has much more to commend it to the acceptance of the profession than has Koch's rod-like deductions, yet outside of a comparatively small circle, I venture to say that but few physicians even know the nature of Formad's views, while the merest tyro, aye, even those outside the profession can talk as glibly as you please about Koch's bacillus. It is more sensational in its nature and human beings love sensation. I do not mean to belittle Koch's little friends; they, no doubt, possess, as Dr. Austin Flint (Sr.) says, "considerable diagnostic and prognostic significance," but what I do say is, that it has never been proven and neither does it seem likely that it will ever be positively demonstrated, that these bacilli are, *per se*, the cause of tuberculosis.

What do you think of the dethronement of our old typhoid king, Sewer Gas? Last winter, Dr. George Hamilton of this city opened the campaign, in a paper before the College of Physicians. Dr. Ayers of California, (San Francisco,) in a paper before the State Society, fell into line, the noted sanitary engineer, Colonel Waring, took the oath of allegiance, and, if I mistake not, the majority of those who have considered the subject attentively, have enlisted in the anti-sewer-gas-origin-of-typhoid-fever army. Exactly what sewer gas is, is one of those things that no fellow can find out. Of course, as its name implies, it is gas, or gases generated by organic decomposition in a sewer, but since the contents of sewers can and do vary very materially, so the composition of sewer gas is not a constant quantity. But, as I understand the views of these men, they claim what we must all concede to be very rational, namely, that the inhalation, simply, of the resultant gases of organic decomposition cannot produce typhoid fever; that it is a specific disease, produced by a specific poison and that unless this particular noxious element be present the disease cannot ensue. I apprehend that their campaign will be a successful one, for their views are surely so rational as to commend themselves strongly to us.

What do you think of a coroner's jury that will render a verdict of "accidental death," in the case of a poor brakeman on a railroad who was run over and killed while asleep on a track, when it was offered in evidence that he had been compelled to remain on *continuous* duty for twenty eight hours? Would you not fight for a verdict of manslaughter and make the company pay heavily for their inhumanity? I know that I would. J. F. E.

Ovariotomy Before Mixed Assemblies.—Dr. Donald Maclean sends us the following which we cheerfully publish: On two occasions, at an interval of eighteen months, my attention has been called

to a communication in your journal, which is intended as an adverse criticism of my methods as an ovariotomist.

I have been loath to notice this attack in any way, and for the following sufficient reasons:

First. The fact of its being anonymous, and like anonymous attacks in general, it injured no one but the individual who perpetrated it, and constituted its own best refutation and punishment.

Second. Because the writer by his *nom de plume* claimed to be "a member of the State Medical Society," and it seemed a pity to do or say anything calculated to attract further attention to a communication from such a source, considering, that it was mainly noticeable as an exhibition of ignorance, imbecility and wickedness of heart.

My main inducement to depart now, from my original course toward this timid, but persistent critic, is that an opportunity is thus afforded me, of proffering a remark or two, which may possibly interest some of your *bona fide* scientific readers. Your anonymous correspondent tells us that for eighteen long weary months his mind has been in a chronic state of "surprise" that *I*, "a countryman of Keith's, should perform an ovariotomy in an amphitheatre crowded with students" etc.

Can it be possible that your correspondent has endured all this mental agony, on my account, for eighteen months and that no "good Samaritan," has mercifully come to his aid and shown him the following from the late lamented J. Marion Sims? (*American Journal of Obstetrics*, April, 1880). "I saw him (Keith) perform two ovariotomies, and each "case came to his infirmary on the day previous to "operation. Just before operation, he had visit- "ed two bad cases of diphtheria. Spencer Wells, "requires all spectators at his operations at the "Samaritan Hospital, to sign a pledge saying they "had not attended any contagious or infectious "diseases, or been engaged in dissections or post- "mortem examinations for a week. Keith believes "that antiseptics protect his patients against all "danger of infection, and does not exact from "spectators any such pledge. The gentleman who "gives ether for him is engaged in a large obstetric "practice, and Keith never enquires whether he "has puerperal fever or septic cases in hand."

If your correspondent will call at my house I will gladly show him a reprint sent me by Dr. Thomas Keith a few days ago, from the Edinburgh Medical Journal for September 1883, in which he may read "Notes of Cases Treated in Ward XIX of the Royal Infirmary, Reported by Skene Keith, M. B. C. M., etc," (Dr. Thomas Keith's son.) This report by young Dr. Keith may fairly be regarded as the latest authorized version of his father's principles and practice. It covers a period extending from Jan. 7, 1880 to May 1883. From it I quote *accurately* (not after the manner of Dr. Sutton), the following: "At first all operations were performed in the large theatre, and the patients suffered in proportion to their feebleness. After being etherized in bed and the india rubber sheet adjusted to the abdomen so that merely the line of incision was exposed, the patient was secured to a long narrow board, carefully covered with blankets, with a hot water bag to the feet and thus *carried down stairs along a very draughty corridor into a room heated at the close of the operation to sometimes upwards of 70° Fahr., and crowded with five or six hundred students, more than half of whom came probably from the dissecting room.*" (The italics are mine.) From this same report it appears that after a time Dr. Keith abandoned the practice of transporting patients to the large theatre, and that he also adopted precautions to prevent his patients from septic contagion. This change in practice he tells us was based upon the theory that the carbolic spray, to the protective influence of which he formerly trusted, was insufficient, and in itself dangerous. *He abandoned the amphitheatre because he had to abandon the carbolic spray.* My own belief, which I state with all due modesty and humility for what it is worth, is that the long stairs, the draughty corridor and the carbolic spray were much more to blame for the few disasters Dr. Keith met with, than the large theatre and the crowd of students fresh from the dissecting room.

Your correspondent must surely have been morbidly anxious for some pretext to attack me, when he ventures to avail himself of one, which so plainly lays him open to a charge of inexcusable ignorance, or still more inexcusable bad faith.

As a matter of fact, I have within a comparatively brief period, performed three ovariotomies on most unfavorable cases, in the amphitheatre at Ann Arbor, and everyone of the patients made a rapid and complete recovery. Within the last few weeks, I found myself compelled to perform a double ovariotomy in this city, in surroundings, if possible, even less anti-septic than the hospital amphitheatre at Ann Arbor, and still, the patient, a wife and mother aged 22 years, left for her home on the tenth day after the operation, and is now in perfect health.

The conviction has for some time been growing in my mind that the peritoneum is especially suited to resist septic influences, provided its vitality is not lowered or destroyed by rude handling during the operation, provided that *all* effusions and foreign matters, are removed before the wound is closed, and provided that all subsequent effusions are removed by efficient drainage and cleansing.

I can assure your correspondent that I have never lost a patient operated upon before the class at Ann Arbor from septic causes. May I now ask him, how many ovariotomies he has ever performed, and where he has performed them, and whether he has ever done two in one day? (*I* have not) and lastly where are those patients now? These are *grave* questions, especially the last one. May I ask him whether his *real* ground for complaint against me is that I have failed to attain to his standard of success, or is it that I have in all respects exceeded it? I have reason to believe that the latter is the true explanation! May I say to him through your columns that

the vulgar slang in which he animadverts upon my temperament and manners, besides implying a falsehood, is very unworthy of one who signs himself, "a member of the State Medical Society," and comes with especially bad grace from one who informs us that he himself has for eighteen long months carried a peculiarly vulnerable little "chip" on his shoulder, without any one condescending to knock it off for him, until at last in sheer pity for his importunity I have now tried to relieve him of it.

Finally: I desire to propound the following problem for him to solve:

I say that I saw Dr. Thomas Keith perform ovariotomy, and Dr. Keith corroborates my statement. Query: How many Suttons, Connors, and anonymous whimperers will it take to controvert that fact and to convince intelligent and fair-minded people that any man could be such an idiot as to make a claim of that nature, on any but the *immovable foundation of the absolute truth*?

Skin Grafting on Extensive Ulcers.—Dr. H. H. Gardner reports in the Western Lancet an interesting and instructive case of skin-grafting in the treatment of two extensive ulcers, the result of a burn—one covering an area of 205 square inches and the other covering 48 square inches—the surface of of which was a mass of healthy granulations. The operation of grafting continued during six months, in which time 504 grafts were planted. Of this number 230 were saved. During one month seventy-nine square inches of the surface were covered with permanent tissue. The details of the case as reported, are very instructive, and from a careful study of them Dr. Gardner deduces the following conclusions:

The granulations should be small, conical, red and crowded together, as seen in the first stage of their growth, and after being stimulated; then the adjacent skin will generally show a white line of newly formed tissue, and running out from it a depressed edge of fine white lines on a bluish ground.

We may be sure that the condition of the granulations most favorable for skin-grafting is the best for healing, aside from such assistance.

The means for obtaining and keeping this condition of the granulations are constitutional, mechanical and local.

a. Constitutional.—Any inherited or acquired constitutional defects should be treated accordingly. In extensive ulceration suddenly acquired, or smaller of long duration, a stimulating tonic treatment is indicated. Mild sedatives are demanded when there is pain or irritation; this condition often causes a capillary hemorrhage, with loss of the granulations.

If a large amount of skin has been destroyed, the other organs, being overworked, all require careful watching, and any failing should be braced if possible. Attention to or neglect of constitutional details will be accurately shown by the granulating surface.

b. Mechanical.—Perfect drainage is essential to the proper condition of the granulations.

Large dropsical granulations are most frequent; where from the position of the part, drainage is imperfect, there most grafts are lost.

The granulating part should be placed in a position that will give the best drainage from the edge on which the last grafts were planted.

The part should be supported e. g.: A leg bandaged from the toes to a point above the injury, and raised on pillows. Light close fitting dressing can be made from well cleaned old linen or cotton, smeared with a cerate; then cut and adapted to fit without wrinkles. Two thicknesses with the roller will be enough.

A cerate gives more support to the granulatios than any ordinary ointment or oil. Complete rest should be enjoined.

c. local.—It is accepted that irritation is necessary for new cell formation and stimulates a tissue to increased developement.

Even healthy granulations require to be mildly stimulated or irritated before they are fit for grafts. Close attention is required to keep this proper condition of the granulations and avoid over-stimulation.

Many things might answer as mild irritants. Cerat. resina, either pure or mitigated to fifty or twenty five percent., will generally answer better than anything else, but it cannot be constantly employed, and when causing too much irritation should be alternated with a milder cerate. Cerate. creasot. (℥ ss: ℥ j) answers well. When a part is not granulating or is covered with large watery granulations, touching with lunar caustic and applying basilicon for twenty-four hours does good.

In preparing a part for grafts, and as before stated, this should be the best drained, and along the upper edge smear a piece of cotton with basilicon, place it on the granulations and allow it to remain twenty-four hours. The rest of the ulcer may be dressed with a milder cerate.

The effect of antiseptics on the granulations was not ascertained. A one-per-cent. solution of carbolic acid was used in cleansing the ulcers, and the bandages were sprinkled with it thrice daily. The moisture gave great relief; the pus was always laudable and the granulations were generally in good condition.

The Graft.—Dr. Christopher Johnston's remarks on skin-grafting in the International Encyclopedia of Surgery, refer to most that is known on this subject.

A piece of human skin about ⅛ inch in diameter generally answers best, smaller pieces are apt to be lost, larger ones are hard to get and do not induce healing in proportion to their size—then too, the graft point is the weakest of a newly formed tissue, sometimes the graft comes out and leaves a pit in the skin that has grown from it. The graft with its under surface smooth and clean, should be placed on the prepared granulations with gentle pressure;

if there is any bleeding it had better be taken off, cleaned and replaced on another part. It is better to plant only a few at a time, one inch apart and half an inch from the edge. If any more are planted the larger graft cloth interferes with drainage.

The covering is important—something that can be retained and will keep the granulations stimulated and give as free drainage as possible, is indicated. A piece of old cotton can be cut and adapted to fit most surfaces better than plaster. It should be smeared with basilicon fifty per cent., and placed so that the edge just covers the grafts. Very often an advantage can be gained by scolloping or perforating it near the edge. The graft-cloth may be covered with a dry piece of the same texture, which with the roller will be sufficient.

It is hard to follow any rules as to time for leaving the graft-cloth undisturbed, two days, probably, being long enough, and if there is a copious secretion of thick tenacious pus, it may be better to change it after twenty-four hours, as the risk that the grafts may be strangled and floated off is likely greater than the careful removal of the graft-cloth. It seems that there is a connection formed between the cells of a granulation and those of a graft in the first twenty-four hours.

In four days new skin can be seen forming from the graft; but the graft itself remains distinct and is conspicuous weeks after skin has grown around it.

This one-eighth inch of graft will produce in three weeks, one square inch of skin, more or less, according to the condition of the surrounding granulations, and will prevent or remove contraction over many inches. From bad drainage and poor granulations a graft may remain stationary seven or eight days, often turning black, and then grow or cause growth as others.

The epidermis, or something corresponding, of recently made skin will often come away leaving the cutis vera exposed until a new covering forms. This newly formed tissue seems at least a close copy of true skin.

Koch and the Cholera Bacillus.—The influence of preconceived opinion in determining the variety of objects brought within the field of the microscope is well known. Given two observers, one of whom is a believer and the other a disbeliever in the existence of the tubercle bacillus, and ten to one that each will find in the same specimen proof in support of his position on the question. There are other eyes than those which receive the impressions of reflected or transmitted light. In view of this fact our readers will not be surprised to learn of the discovery by Koch, on his recent Egyptian tour, of a cholera bacillus. A man so firmly convinced of the truth of the germ theory of disease could scarcely but believe that cholera owed its origin to the introduction into the system of a parasite, and believing this he would be extremely prone to discover a germ which he would have little difficulty in believing to be the *fons et origo malis*. It was, moreover, very important that the German, Koch, should anticipate the Frenchman, Pasteur, in this remarkable discovery.

The above remarks are not intended to create a prejudice against the great German microscopist's report, the substance of which we herewith produce, but rather to admonish against a too ready acceptance of his alleged discovery of the cholera bacillus as an established scientific fact.

The following is the essence of Koch's report as given in the Medical Times and Gazette:

"No organized infective material could be demonstrated in the blood or in those organs which, in the case of other infective diseases, are usually the seat of micro-parasites, viz., the lungs, spleen, kidneys and liver. In some cases bacteria were found in the lungs, but these, as we saw from their peculiarities of form and position, had nothing to do with the peculiar disease-process, but had found their way into the lungs by the inspiration of ejecta from the stomach.

"The contents of the bowel and the dejections of the cholera patients contained extraordinary quantities of micro-organisms belonging to the most different varieties, none of which appeared in preponderating proportion. There was also an absence of other indications of a relationship to the disease-process.

"The bowel itself, on the contrary, gave most important results. In all the cases except one, which had died of a consecutive disease several weeks after recovery from cholera, bacteria of a definite form were found in the coats of the bowel. These bacteria are rod-shaped, and belong, therefore, to the bacilli; in size and shape they most nearly resemble the bacilli found in glanders. In those cases in which the bowel showed the slightest changes to the naked eye, the bacilli were found to have penetrated into the follicular glands of the mucous membrane, and had there given rise to very considerable irritation, as shown by the increase in the lumen of the gland, and the collection of many nucleated round cells in its interior. In many cases the bacilli had also penetrated behind the epithelium of the glands, and had proliferated between it and the basement membrane of the gland. They had, moreover, collected in considerable quantities on the surface of the villi, and had often penetrated into their substance. In the severe cases, which had been characterized by hemorrhage infiltration of the intestinal mucous membrane, the bacilli were found in large numbers, and were not limited only to the interior of the follicular glands, but had passed into the surrounding tissues, into the deeper layers of the mucous membrane, and here and there even into the muscular coat of the bowel. The villi were also in such cases extensively invaded by the bacilli. The chief seat of these changes is the lower portion of the small intestine. Had not this investigation been made on quite recent cadavers, the result would have been of little or no value, for putrefaction is able to produce in the intestine exactly similar bac-

terial growths. A year ago I had found these same bacilli, with a similar distribution, in a choleraic bowel which I received direct from India; but I had not been able to attach any value to them on account of this very reason, for it was always possible that they might be confounded with *post mortem* putrefactive changes. Now, however, that any error arising from putrefactive phenomena can be positively excluded, this early discovery, made in four different Indian cholera cases, acquires extraordinary value. Nor is it an unimportant fact that the agreement in the appearances of the bowel in Indian and Egyptian cholera furnishes a further proof of the identity of the two diseases.

"The number of cadavers examined is certainly small; but, as the bacilli were met with in all recent cases of cholera, while they were absent in the single case examined after the cessation of the cholera-process, as well as in several other cases dead from other forms of disease, and examined with special regard to this point, there can be no doubt that they stand in some sort of relation to the cholera-process. It cannot, however, as yet be concluded that they are the cause of the cholera. The relationship may be quite the reverse; it being quite as possible that the cholera-process produces such changes in the intestinal mucous membrane as to admit the penetration into its tissues of a definite bacillus variety of the many parasitic bacteria which are constantly met with in the bowels. Which of these two hypotheses is the correct one—whether the infective process or the bacterial invasion is the primary event—can only be decided by attempting to cultivate them, and then to reproduce the disease by inoculation experiments on animals. For this purpose it is absolutely necessary to have at one's disposal animals which are susceptible to the infective material in question. Hitherto, however, in spite of every endeavor, we have not succeeded, in an indisputable manner, in conveying cholera to animals."

THE CONTAGIOUSNESS OF TUBERCULOSIS DEMONSTRATED BY SPRAYED SPUTA.—The question of the contagiousness of tuberculosis is one of immense practical interest, and it is, to say the least, unfortunate that it has not received sufficient of such attention as might result in its solution. Any observations or experiments with such solution in view cannot but interest, and a series of experiments reported by Dr. Louis Dr. Brose, in the *Medical Record* are deserving of especial mention. Dr. Brose selected animals which are known to be susceptible to tuberculosis infection (cats and dogs) and confining them in apartments under favorable hygienic conditions, caused them to inhale an atmosphere which he had caused to be loaded with sprayed sputum taken from patients suffering from phthisis. To protect himself from any deleterious consequences from these inhalations he covered his throat and nose with an inhaler of borated cotton the meshes of which were filled with powdered boric acid. His experiments were divided into three series. The first series embraced those animals sprayed with phthisical sputa and then killed before the expiration of ten days dating from the first spraying. The second included animals similarly treated for from eighteen to twenty-seven days. The third series were control experiments in which animals under similar conditions were subjected to sprayed healthy brain of a cow or sheep rubbed up with water to form an emulsion. These latter experiments were conducted with a view to determining whether, as might have been claimed, any animal tissue thus introduced into the lungs would not have produced similar results to those following the inhalation of phthisical sputa. Autopsies made on animals included in the first two series showed decided tubercular infection, while no such change was discovered in those included in the third series.

Dr. Brose feels justified as a result of his experiments in presenting the following conclusions:

1. Tuberculosis may follow the inhalation of air carrying particles of sputa from phthisical patients.

2. The breath and saliva of consumptive persons being thus contaminated, are liable, either through kissing, or by direct inhalation through close contact, to originate the same disease in a healthy person; the greater the concentration of breath inhaled the greater the danger.

3. Since the same sputa in animals killed under ten days produced no disease, and since the healthy brain of other animals produced no disease, the inference seems warrantable that there was something specific in the inhaled spray, requiring certain developments before originating the infectious disease, tuberculosis.

Another conclusion which Dr. Brose presents from observations independent of the experiments detailed, is that in order to the contraction of phthisis from a phthiscal patient, there must exist a degree of natural proclivity to the disease on the part of the exposed—the seed must find soil adapted to its growth before it will develop. The reason why we have acute disseminated miliary tuberculosis in one case, and a catarrhal phthisis in another, will depend upon the susceptibility of the individual to catarrhal cell-proliferation and whether the specific principle was super-added to an already existing catarrh, in which case the specific principle would reproduce itself easiest at the seat of necrobiosis.

MANGANESE IN MENSTRUAL DERANGEMENTS.—Dr. Franklin H. Martin, of Chicago, in an article on Manganese as a Stimulant of the Menstrual Organs and as a remedy in Certain forms of Amenorrhœa and Menorrhagia, or Metrorrhagia, in the Medical Record of September 29th, says that he has found that manganese will not only relieve certain forms of amenorrhœa, but also of menorrhagia and metrorrhagia. His observations have led him to consider manganese in any form a direct stimulant

to the uterus and its appendages. It may exert this influence by acting as a direct vasomotor nerve-stimulant to the vascular system of the parts, and in consequence of the improved circulation directly increase the tone and nutrition of the organs, or it may exert its whole force through stimulation of the sexual nerve-ganglia, or even possibly the sexual nerve-centres, thereby bringing the organs to their normal state of action. In bringing the uterus and appendages to a normal state of menstrual tonicity, when the lack of tone is dependent upon some previous depression of innervation, manganese, in the writer's opinion, has no equal. Clinical reports are given by the doctor to bear him out in this assertion. In the case of a young lady, eighteen years of age who in consequence of phthisis, had not menstruated for a period of four months, menstruation occurred within a week after the first exhibition of the remedy. Another, 24 years of age, troubled with annoying irregularity, flowing very profusely at times, and suffering a complete cessation at other times, which state had been going on for more than a year, experienced decided improvement from the administration of two grs. of the permanganate of potash dissolved in one half glass of hot water every night on retiring.

In young girls who are irregular in the early months of menstrual life, where it is simply caused by the natural weakness of the partially developed organs of generation, or when from an overworked nervous system the organs are robbed of their natural force, permanganate of potash seems to possess the stimulating properties requisite to bring them into healthy action. A young girl who had "missed" for eight months immediately after the first menstrual flow, found relief in two-grain doses twice a day, and its prompt action in two other cases of similar nature convinces the writer that this relief was no mere coincidence. In cases of suppression, cessation, or excess of the menstrual flow caused by "catching cold," with no other apparent cause, the most gratifying and prompt results are obtained from manganese.

The author has unmistakable evidences of the value of manganese in menorrhagia and metrorrhagia, having received very gratifying results in several cases, two of which are cited.

Dr. Martin is of the opinion that manganese must have a more distinct mode of influencing the menstrual organs than by the necessarily slow one of a general tonic, although he is not prepared to advance any definite theory as to what that influence is.

Owing to a disagreeable, distressing effect on the stomach when taken undiluted, which may be obviated by administering it when the stomach is full, the remedy is recommended to be taken immediately after eating, or to be dissolved in considerable water. Dry gelatine capsules have been found to be a very convenient form in which to administer it.

THE ABORTIONIST IN ENGLAND.—It has been customary for Europeans to point to the United States as peculiarly the field for the abortionist's ravages, and without question that pest has flourished here as he flourishes in no other country. But abortions are numerous here not so much because of the existence of abortionists as because of a pernicious public sentiment—a sentiment which finds its expression in legal enactments which fix the crime of abortion as one of comparatively minor magnitude. The crime of imbuing hands in the blood of the fœtus is not a capital one, and the sentiment of the community is such as to encourage the abortionist to ply his nefarious calling, well knowing that in the event of detection his prosecution, except in the case of the woman's death, would be a startling exception to the rule in such cases. The crime of abortion and its sister crime the prevention of conception, have sapped and are sapping the foundations of the American people to such an extent that families to the manor born which have been in existence a hundred years, are very rare indeed. The country owes its strength to its influx of the foreign element and even this becomes affected with the "American idea" in the course of a generation. With the exception of the Roman Catholic priesthood, the clergy are powerless to prevent by the moral suasion, or the threats of punishment from a higher tribunal than that of men, which are their peculiar weapons, to exact obedience to the physiological law of procreation. With this weakness of the church, conjoined to the pusilanimousness of law on this question the outlook is far from encouraging.

But recent advises go to show that the "American idea" has found its way across the ocean, and is now creating alarm and consternation in England. The Medical Times and Gazette tells a pitiable story of the condition of affairs in that conservative country. It speaks of an "epidemic of abortions" there, and declares that at no time within living memory has the trade of the abortionist been more thriving. It attributes the fact to a two-fold cause: a default in police alertness and a lowering of the tone of public sentiment on the question. Referring to the latter and more potent division of the cause is says that "ladies, the pattern of strictness and propriety in all their other dealings, who would shrink with horror from the idea of openly breaking any of the commandments, will propose to their medical attendant that he should put an artificial end to their pregnancy, with almost as much coolness as they would ask him to cauterize a wart; and they would tell him that not only do they see no harm in it, but that as it would be to the marked advantage of their own health and their husband's temper, it must be virtuous rather than the reverse to accede to their request."

There are probably none of our readers who have frequently importuned after a like fashion to the above, and few who on refusing to besmirch their conscience with the crime, have not

been told that if they would not do it some one standing equally well in the eyes of the community, would.

The Country Doctor.—In an interesting letter to the Obstetric Gazette, Dr. O. E. Herrick, of Grand Rapid, Michigan, takes up the cudgel in defence of the rural physician of this country—a special development out of our peculiar conditions, conditions calculated to nurture a self-reliance and a manly independence which are not always found in their fullest development in the populous hives. He says:

In conclusion I would suggest to Dr. S. that, he, with all his advantages obtained abroad, should not be too severe upon humble American surgeons, who have never had the privilege of visiting the great European hospitals; but have to gain much of their knowledge and experience from their own private practice. Some of these cross-road surgeons notwithstanding their limited advantages could doubtless give even a Martin or a Schrœder points upon surgery, and especially surgical emergencies. There are many surgeons in the United States, isolated from professional help, who, single handed and alone have performed operations without instruments, except such as every physician carries in his pocket-case, that, had Messrs. Martin or Schrœder performed, they would have heralded it to the profession as a wonderful achievement; and yet our modest workers in the professional hive, in many cases have never even mentioned perhaps to their local medical societies, that they have done anything extraordinary. I have known of Cæsarean section being done with only one assistant, and the instruments contained in a pocket case; of another where an operation for strangulated hernia was made without assistant or chloroform; and another country surgeon amputated at the thigh, with a common case knife ground up for the purpose, using an ordinary carpenter's saw to saw the bone; he was called a long distance, and arriving found he must operate, and having no instruments he made them, and did a good job, his patient recovering as prompt as though performed by a kid glove surgeon with a thousand dollars worth of surgical instruments.

A very interesting book could be written from the experience of our pioneer surgeons, could the facts be collected. I know of one instance where a uterine fibroid (pedunculated) was removed by a violin string passed through a silver catheter and used as an ecraseur. Perhaps if Dr. Suttou's friends on the other side had to maks their operations under these difficulties, they would not be able to make "three ovariotomies in ninety minutes," and they would find, also, that surgery in private practice was a vastly different thing from surgery in a large hospital where they have absolute control of their patients' lives as well as bodies, either of which they can demand, and no one to gainsay them.

Iodoform in Lung Affections.—Prof. M. Semmola again calls attention, in the Giornale Internazionale delle Scienze Mediche, to the good effects of iodoform obtained in caseous broncho-alveolitis. He does not pretend to have discovered a specific for incipient tuberculosis, or for any caseous process of the lungs. He having been the first to advocate iodoform in these affections, and having obtained most excellent results, he warmly begs his colleagues to try it. According to his clinical experiences, the treatment with iodoform exercises in caseous broncho-alveolitis, or in incipient phthisis, the following effects: The expectoration diminishes rapidly and considerably. At the same time the cough lessens—becomes less distressing, probably on account of the local anæsthesia produced by the remedy. The products which exist in the bronchi or in the cavities are disinfected. The fever progressively lessens, for the remedy disinfects and diminishes the putrid substances, which become absorbed by the softened parts. There is also a bettering of the local process, and in some cases is noted a beginning of a cure. Evidently the general state of the patient is improved, and in cases of caseous broncho-alveolitis in the first stages, a complete cure can be obtained.

Equally good results have been produced in bronchial catarrh, asthma, bronchiectasis, etc., all of which have been vouched for by Dr. Ciaramelli, Prof. Bufalini and Dr. Rumun, who have published them in the Siècle Medical. The daily dose is 5 to 50 cgm. (1 to 8 grains) and is to be regulated according to the tolerance of the digestive organs and the nervous system. The pilular form with the extract of gentian is to be preferred. Dr. Semmola gives small doses every hour. When the gastro-enteric apparatus is not in good condition, the iodoform is inhaled with the essential oil of turpentine three or four times a day.

The Removal of Wens.—Dr. Charles Weil, of Buffalo, N. Y., writes:

In your issue of October 10, (p. 299) is an article taken from the Medical Record (Vol. 24, No. 13, p. 349,) on the removal of wens without the knife, the author, Dr. Cavreaux regarding this method as of value when the patient dreads the knife, and when the tumor is small, but advises against its employment in the case of large tumors, etc.

Now there is another serious objection to the use of this method, and that is when the tumors are anywhere on the face. In such a case I would strongly advise against its employment, be the tumors small or large. One of the reasons why the patient desires the wen removed is because it disfigures him or her, and to resort to the method advised by Dr. C. would only add to the difficulty in consequence of the inflammatory process going on which really would disfigure the patient more than the wen itself, not only during the time of its application, but afterwards, also, from the forma-

tion of a cicatrix. To be sure when the tumor is anywhere on the body this is no objection, and the method may be a most valuable one; not so, however, when it is on the face. In this event I should recommend the removal in the regular way—by the knife,

I thought I would call attention to this little matter ere some practitioner should apply it to wens on the face and thus substitute one evil for another, mayhap a greater one than the one it was desired to remove.

A peculiarly exasperating case was concluded since our last issue, at the superior court of this city. A man having been run over by a locomotive, Dr. Henry F. Lyster was summoned to his assistance. Amputation of the foot being deemed necessary, the doctor removed it above the ankle, the wound having extended into the joint. The patient made a very satisfactory recovery, and the doctor was thus all the more surprised on presenting his bill to find himself confronted with a suit for malpractice. The man had fallen into the toils of a lawyer, who, with the amputated foot in his possession, secured an opinion from a doctor, who, on the witness stand testified that he had never performed an amputation, to the effect that the amputation had been made too high up On this flimsy basis a suit was brought for heavy damages. After the plaintiff had presented his case, and before the defendant had even an opportunity to put a witness on the stand, he saw its utter weakness and moved to submit to a non-suit. This Dr. Lyster vigorously opposed, desiring to have the case go to the jury, but the judge gave it as his ruling that it was the plaintiff's privilege to drop the case at any stage of the proceedings. The outcome of the case is a rebuke to the physician who by word or action suffered the impression to obtain that a fellow-practitioner who carefully and conscientiously did his duty, was derelict. While we would not counsel connivance at malpractice as the result of ignorance or carelessness, the favoring of any attempt to mulct the careful, competent and conservative surgeon, cannot be too roundly condemned.

That excresence on reputable journalism in this country, Dudley S. Reynolds, of the Louisville Medical Herald has finally sloughed off, and he graces (?) the columns of the Louisville Medical News with his valedictory. He closes a column of his characteristic bathos with the following: "Patrons, friends, brethren, adieu! May the God of destiny guide us aright, and giving us courage of our convictions, endow us with the power to give them adequate expression." This sounds a little like his infliction on his readers on the eve of his last marriage. There never was any excuse for this creature's presence in the ranks, and that he has been forced through circumstances to retire, is but another instance of poetic justice. He asks his worst enemies (and he is sure he has some) to give him credit for having been entirely independent. His independence has been the independence of the bully, and without a single redeeming feature. We trust the Medical Herald may now be committed to reputable hands.

The late Dr. George M. Beard is reported to have left voluminous notes from which it was his purpose to have written up his autobiography. Among these it is stated were found some philosophical musings on the subject of debt with which, it appears, he was at divers times seriously afflicted. While debt is declared to be, on the whole, a very great evil there is much in it that is very beneficial. For instance it favors the cultivation of personal acquaintance and the study of human nature. The man who has daily passed you by without even a nod of recognition for years, is found to have developed such an active interest in you when you become his debtor as could scarcely have resulted from any other cause. This reflection may afford a modicum of comfort to some, but it has a soupçon of facetiousness about it which will antagonize its consoling influence.

A Dakota correspondent of the Chicago Medical Journal and Examiner gives, over his own proper name and signature, an account of a pauper who was found alone in a cabin covered with filth and flies and suffering from serpiginous phagadæna which had destroyed the external genitalia and spread into a large ulcer from the perineal to the hypogastric region. The man was in a desperate extremity and the doctor took counsel with himself as to the best thing to do for him. He concluded to obey the dictates of the golden rule, and gave the sufferer "a teaspoonful of Magendie's solution of morphia, (2 grains) which carried him rapidly into peaceful oblivion and final euthanasia twelve hours later." Query: Is a physician justifiable in deliberately abbreviating, by even a minute, the span of a human life? Was the doctor in this case not guilty of homicide.

Dr. M. K. Ross, a young physician of this city was found by his landlady in a dying condition on the morning of the 4th inst., and before medical aid could be summoned he had died. Dr. Ross was born in Ohio and was thirty-two years of age. He had laid the foundation for the study of medicine in an excellent literary education, having graduated as a Bachelor of Philosophy. He studied at and graduated from the Detroit Medical College, receiving his degree in 1878. After this he was for three years resident physician of Harper Hospital in this city, in which capacity he gave promise of future distinction in his profession. He retired from the hospital and entered upon private practice two years ago. The autopsy revealed fatty degeneration of the heart.

Our readers will be interested in reading the racy letter of our Philadelphia correspondent on another

page of this issue. It contains many notes of general professional interest, and if there had possibly remained any doubt in their minds as to the medical supremacy of the city of brotherly love this doubt must have been thoroughly dissipated by our friend's ingenuous plea. We all honor Philadelphia for what she has been and for what she has done in the medical line, and can heartily sympathize with her in disputing her big commercial neighbor's assertion of superiority in this direction. When, however, all of her schools shall furnish evidence that Mammon is less powerful in their councils than an honest desire to turn out good doctors, the "outlying provinces" will furnish more plentiful recruits to her cause in struggling for her historic precedence.

Freeman, the Massachusetts fanatic, who some three years ago murdered his child under the impression that he had been called, like Abraham of old to make the sacrifice, had his trial for the offense on the 5th inst. Under instruction of the judge the jury brought in a verdict of "not guilty," by reason of insanity. The miserable man was thereupon sentenced by the learned judge to confinement for the remainder of his natural life in the Danvers Lunatic Asylum. Query: Should Freeman recover his reason and be again rehabilitated in his right mind, within a year for instance, would he still be held in the asylum under this sentence?

It is announced that a Dr. Henry Thompson, a graduate of Syracuse University, has been convicted of a grave robbery. It would be interesting to know the precise nature of this robbery. All robberies are grave; even a grave robbery is grave. Before Dr. Thompson is tabooed from professional association for his infraction of a law of the land, it will be necessary to know definitely what he stole. If it was only a supply of anatomical material out of a grave, let us not be too hard on the poor fellow. Let him, in short, who is without sin cast the first stone. We kind of men must stand together.

A facetious old dame who had reached her fourscore and ten, died. On opening her last will and testament it was found that she had bequeathed to her physician "to whose enlightened care and wise prescriptions," she owed her long life, "all that is contained in an old oak chest in her boudoir, the key to which could be found under the mattress of her bed." Fancy the feelings of the said enlightened and wise physician when he discovered, instead of the expected fortune, all the drugs and potions, still intact, which he had prescribed for the old lady (peace to her ashes!) for many years back.

The President has appointed Dr. Robert Murray Surgeon-General of the Army to fill the vacancy caused by the death of his predecessor. The appointment is said to give unqualified satisfaction in quarters where the appointee is known. Dr. Murray has done long and honorable service in the Army and his appointment is in harmony with the best principles of Civil Service reform, he being thoroughly acquainted with all the details of his department.

Two hundred and ninety-nine is the number of "physicians" registered in this county of Wayne with its population of about 180,000. This gives us one doctor for every 600 people of which number probably a hundred are paupers and fifty are dead beats, leaving 450 who pay their bills. If the medical service is too limited the people will have to struggle along as best they may for two years, as under the new medical act the number of doctors cannot be increased within that time.

In a recent sermon delivered at Fort Wayne, Ind., the text of which was: "Only in the Cross of Christ I Glory," the Rev. S. A. Northrop took occasion to administer a scathing rebuke to the "ministerial insurance agents" and "preacher doctors" in the ministry. Had he extended his remarks to the religious press which contains puffs of quack nostrums side by side with exhortations to a holy life, it would have added to the well rounded symmetry of his sermon.

The Texas Courier-Record of Medicine, is the name of a recent addition to the long list of medical journals, good, bad and indifferent. There are too many bad and indifferent medical journals published, and too few good ones. This fact contributes to make our welcome of the Courier-Record the more hearty. It shows more talent in its editorials and taste in its selections than previous ventures in medical journalism in Texas had prepared us to look for.

The British Medical Journal pays the following tribute to the memory of the late J. Marion Sims: His achievements are written in imperishable letters in the annals of modern surgical practice. The greatest success which any surgeon of genius can hope to achieve, is to be able definitely and largely to add to the power of surgery to save life, to relieve misery, and to effect cure. This success Marion Sims attained in a degree which few can hope to attain.

The Peoria Medical Monthly makes a note of Michigan professional amenities, and after quoting some of the choice morceaus in recent correspondence, remarks: "It takes a long needle to prick the epidermis of the Pittsburg gentleman, but we will bet on *the* Michigan professor of surgery with his 'catling,' as the MEDICAL AGE calles it."

Burdon-Sanderson has great faith in the outcome of Koch's alleged discovery of the tubercle bacillus. Beyond the possibility of a doubt, he said in a recent address, it will serve as the foundation for an efficient prophylaxis against pulmonary consumption and the other less familiar forms of tubercular disease connected with it by community of origin and of issue.

A housekeeper of a literary turn of mind substituted the Latin word *salve* for its more familiar English equivalent "welcome," as a sentiment for the centre of her door-mat. Imagine her disgust

when her husband, who had never been at college, asked her what kind of salve that was that she was advertising.

Mr. Wm. A. Jansen is canvassing our city for subscriptions to Quain's Dictionary of Medicine, published by D. Appleton & Co., and is meeting with pronounced success. Herein the profession shows its appreciation of a good thing. *Vide* our notice of this classic work in the AGE for March 10th last.

Plaster-of-Paris as a Surgical Dressing.

BY H. O. WALKER, M. D.,* DETROIT, MICH.

GENTLEMEN—The use of plaster-of-Paris for surgical purposes originated with the Arabs, and for our knowledge of the same we are indebted to Mr. Eaton, an English consul at Bastora in 1798. Its more general use did not take place until about 1830, when surgeons throughout Europe began to adopt it. Pirogoff gave it its greatest impetus in 1854, by a monograph upon its use during the Crimean war. American surgeons were not very much behind their European brethren in accepting its advantages, and I think I do not boast when I say that we have out-stripped them in its general application. Drs. Sayre, St. John and H. O. Marcy stand preëminent in this country as its champions.

Its first application in Michigan, as far as I know, was made in Harper Hospital, Detroit, in 1865, by Dr. T. A. McGraw, in a case of fracture of both legs, at which I assisted him while a student.

Plaster-of-Paris, or gypsum (the hydrated sulphate of lime), is prepared for surgical purposes by driving off the water of crystallization with heat at a temperature ranging above 212°, using care not to burn it. Its setting or hardening qualities are manifest when combined with water.

The earlier methods of applying plaster-of-Paris were quite crude, and did not make what we would now consider a very neat dressing, as it was then applied in a liquid form rubbed over dry bandages.

Mathiesen, of Holland, first suggested, in 1854, the propriety of rubbing it into the meshes of a roller, dry, and afterwards wetting it at the time of application.

As the proper material, together with its proper preparation, are important items in the satisfactory application of a plaster bandage, you will pardon me for entering into detail of the minutiæ of its preparation, for I feel confident that the bad results attributed to the use of plaster are often due to poor plaster and poor preparation

The elements that enter into a good plaster bandage are first, good plaster, which should be fine as flour, such as you can procure in any ornamental plaster shop, or such as dentists use; unfortunately, dental plaster too often proves useless, owing to long exposure to air and absorption of moisture; this can, however, be overcome by drying it in a baking pan in an oven.

The superiority of the plaster from an ornamental plaster shop is in its freshness.

The other element is suitable cloth with fair-sized meshes, and for such purpose I prefer ordinary cheese cloth, although good bandages can be made from crinoline, mosquito netting and factory; in fact, any kind of cloth that will hold the plaster dry, will make a bandage.

The cheese cloth should be cut in strips five yards long and four inches wide. These again, after being incorporated with plaster, can be easily cut to any suitable width.

A variety of apparatus has been devised for rolling plaster bandages, but so far I have found nothing that equals hand rolling, which after a few trials is easily learned. Care should be taken to see that all ravelings are removed before the bandage is ready for use. These bandages can be kept for some time in a tight-fitting tin pail, and had better be covered with plaster. In order to insure success they had better be made fresh.

When you are ready to use them drop them into a bowl of warm alum water, one part to twenty. The addition of the alum aids very materially in rapidly solidifying the plaster. The bandage should remain long enough in the water to allow all air bubbles to escape, when the refuse water should be squeezed out. In applying the bandage, do it quickly and smoothly, at the same time rubbing it well either yourself, or aided by an assistant, so as to exclude all air from between each roll of the bandage. The ease with which a plaster bandage is applied makes it pre-eminently a great factor in the treatment of pretty much all fractures and diseased joints.

In the treatment of fractures into, or in the vicinity of a joint, where passive motion is necessary it may be regarded as objectionable, yet here it forms a basis above and below the joint for the attachment of bracket splints, as devised by Dr. Chas. F. Stillman, of New York, or similar to those which I hereafter describe in the treatment of compound fractures.

The question undoubtedly presents itself, would you use plaster as an immediate dressing for a fracture, or allow the swelling to subside first. Emphatically I would, providing for the swelling by covering the parts well with cotton batting, and if necessary cutting the plaster cast open with a sharp knife, which is easily done, and afterwards holding it in position with an ordinary roller bandage.

This procedure admits of examination without disturbing anything. Extension can be made in the usual manner by attaching the weight to wire loops fastened in the plaster.

The plaster dressing is as applicable to the fracture of ribs and clavicle as it is to the long bones, and I have used it satisfactorily in the treatment of a severe injury to the upper cervical vertebræ, and I am inclined to think that there was a fracture of some of the vertebræ, although I did not see the

* Professor of Orthopedic Surgery, Genito-Urinary Diseases and Clinical Surgery in the Detroit Medical College. Read by title before the State Medical Society at Kalamazoo, Mich., May 10th, 1883.

case at its onset. The following report will explain itself:

J. C., aged 16, fell out of a wagon in March, 1880, striking on his head and left shoulder, producing at the time, only a slight concussion from which he quickly recovered. In the course of a week or so he noticed pain on motion of the head or neck, referable to the region of the trapezii and sterno-mastoid muscles, which continued to grow worse until the time I first saw him, August 10, 1880, when he was much emaciated, suffering, at times, excruciating pain on movement, and at times a dull aching pain in the region of the occiput. The position most comfortable to him was attained by supporting the chin with one hand and the back of the head with the other. There was at times some difficulty in swallowing. The seat of the difficulty, as far as I was able to make out, existed at the junction of the articular surfaces of the third and fourth cervical vertebræ; for it was at this point that pressure aggravated the pain, yet there was no appreciable deformity, with a slight tendency of the head to the right, and a fullness of the neck at this point on each side.

Fig 1. Front View.

The indication for treatment in a diseased joint is rest, *absolute rest,* for the joint, at least for a time, especially if the cause is traumatic, as we must admit it was in this case, for previous to the receipt of the injury this patient was a perfect example of health, with no hereditary history whatever.

I will now briefly explain the method by which I applied this cast (figs 1 and 2). In the first place I directed the hair to be cropped short; I then applied a plaster jacket. The plaster jacket in itself would be of no benefit whatever, but it serves the purpose of a foundation for the superstructure to be built upon. After allowing the jacket to dry for a few minutes, the patient is seated on a stool, and the head suspended to a hook in the ceiling by a four-tailed bandage, somewhat after the manner of a Barton's fracture bandage for fractured jaw; that is, by first placing a bandage under the jaw and allowing it to meet several inches above the head, and another in front of the jaw, passing back to the occiput, where it is pinned or sewed, then passing the ends of the bandage up to meet those from the

Fig. 2.—Side View.

front and then up to the hook, using just enough of extension to keep the body erect and patient perfectly comfortable. I then wound around the neck and head one thickness of glazed sheet wadding, for protection against any irregularities in the plaster bandage. The bandages should be narrow, about one and a half inches in width, as it is necessary to reverse quite frequently in the application.

After applying two or three thicknesses, I began to interlace preforated zinc strips, half inch in width, extending around the head, down the back and in front, so that we have a firm support for the head well attached to the jacket below. The only parts exposed are the top of the head and that portion of the face which you see exposed.

The results in this case have been highly satisfactory, the means simple, and readily applied.

Compound Fractures.—Just what to do in the case of a compound fracture has puzzled surgeons from time immemorial; this is especially so in compound fractures of the tibia and fibula, just above the ankle joint. The requisites in a case of this kind are

immobility, suspension, antisepsis and proper drainage.

The old method of applying movable splints necessitated their frequent removal, which militated very much against satisfactory results and oftentimes in amputation, and not infrequently in the death of the patient.

In plaster-of-Paris we have a valuable adjuvant in the treatment of these cases. The plaster cast with fenestrated openings opposite the site of the wound is a decided improvement over the movable splint, yet this has its disadvantages owing to the fact that the discharges from the open wound soften the plaster and weaken its support, neccssitating its reapplication before the union of the bone takes place. This, I think you will notice, is obviated in the device shown in Fig. 3, giving a fine opportunity for drainage and no liability for the plaster to become soaked with the discharges.

The application of the plaster is similar to that already deserihed, seeing that the parts to be covered with plaster are first covered with one or more thicknesses of cotton batting to allow for any swelling that may occur.

The first step to be taken before the application of the plaster, should be a thorough examination of the conditions of the fracture, (the patient being of course, under the influence of an anæsthetic.) The exploration of the wound is best made by the index finger well carholated, ascertaining the amount of comminution (if any), and the removal of detached fragments, also the amount of injury to soft parts, injury to blood-vessels. Lastly a counter-opening should be made for the introduction of the drainage tube extending well out on each side. The drainage tube should he of good size, one half inch in diameter to allow of thorough irrigation if necessary. A small drainage in my opinion is often productive of much damage in many surgical operations. We are now ready for the application of the plaster handage. It should extend well up above the knee, also on the foot, leaving that part where wound exists perfectly free, as in

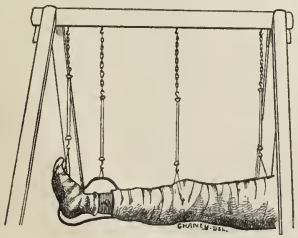

Fig 3.

the figure. As soon as the plaster is solid, which will be almost immediately, you can by the aid of your assistant make proper extension and counter extension, when the splints, A and B, (fig. 4) can be adjusted and fastened with a few turns of a narrow web plaster handage. The splints, you ohserve, consist of properly shaped iron hars of sufficient strength to support the weight of the leg, and not permit of hending. To each end is fastened a properly shaped piece of perforated tin or zinc. Any blacksmith can make these splints, from a model that you can make yourself hy taking strips of tin and bending them to the shape to which you wish to apply them. You must allow for sufficient space hetween the iron bars and the leg to apply the anti septic dressing.

Fig 3 gives a representation of the manner of suspension, consisting of a light made saw-horse, or, what I have recently found to be much better, a piece of hoard of proper length, one inch in thickness and two in width, into which is fastened at either end a screw-hook and suspended to the ceiling.

Fig 4.

On its under surface three or more hooks should be screwed for the fastening of small chains and these again fastened equably to fine wire hooks which have been incorporated in the plaster. You will ohserve in the cut that I have used rubber tubing for the suspension which adds very materially to the comfort of the patient; this however can be dispensed with, and ordinary bandages used for support.

This apparatus makes an immovable dressing, which can remain on until the case is cured, giving comfort to the patient, allowing him to be moved from the bed to the chair if desired, and certainly reduces the lahor of the surgeon to a minimum. If you desire to increasc or decrease the amount of extension this can be donc by incorporating in the bars above and helow the joint, the extension screw C, fig 4.

(*To be continued.*)

A Case of High Non-Inflammatory Fever, with Recovery. A Case of Syphilitic Hemiplegia.

REPORTED BY M. W. O'BRIEN, M. D., BARNESVILLE, OHIO.

I have the notes of the following cases:

I was called at 3 P. M. on Saturday to attend a Miss W—., æt 34. Found her emaciated, suffering severe labor pains, and vomiting continuously.

Temperature, 104°; pulse, 130; countenance showing great alarm; skin bathed in sweat. On inquiry found she was in the third month of pregnancy. She had had two abortions previous to this. She refused to say what had been done, but I was convinced that there had been instrumental interference. The cervix was hard and unyielding. I gave ⅛ gr. morphine hypodermically, and repeated the dose at 10 oclock, relieving the pain and the vomiting temporarily. The patient passed, however, a bad night, restless and suffering great thirst. The next morning she had a severe rigor, lasting half an hour; pulse, 140, temperature 106°, pains absent, skin covered with a profuse sweat. I saw I had a critical case indeed. I continued the morphine, giving ⅛ gr. every five hours, and at once used copious hot-water vaginal injections, directing the same against the cervix. At noon another rigor, and at five o'clock another, lasting a good half hour. In addition to the morphia I now gave per os, 10 grs. of calomel and 20 grs. quinine, and repeated the dose at 11 P. M. Temperature at midnight was 108 4-5°! There was one more rigor at 3 A. M., and one in the morning at 8. The injections had been used at intervals for the past 24 hours, and now on examination the cervix was found dilated and the fœtus just in reach. With placenta forceps I removed the contents of the uterus. The purgative doses of calomel opened the bowels, the temperature came down to 106°, and the pulse to 120. Some tenderness and swelling present in the lower bowels. Found it was necessary to use the catheter this morning. Continued the injections carbolized, as hot as could be borne. Gave quinine and morphia together, (grs. 5, and gr. ¼,) and two drops of carbolic acid, 3 drops tr. iodine, every 5 hours. Under this treatment temperature slowly came down, and on the sixth day was normal.

I have never seen such a case recover in an adult [illegible] such a temperature. The efficacy of the hot [illegible] injections cannot for a moment be doubted, [illegible] them I am sure this patient owes her life. So [illegible] the contents of the uterus was removed, the [illegible] rs [illegible], the temperature came down and my patient [illegible] to improve. Surely this high temperature was not inflammatory, for on the 10th day from the time I saw her first, she was walking around her room, and in three weeks returned to her home in an eastern city. Be it as it may, I had an elephant on my hands, and do not want any more such cases soon.

Occasionally we find a case of syphilis, which has passed through the different stages of the disease without showing any characteristic, lesion of the skin, or mucous membrane, subsequent sequelæ and glandular enlargement being the only evidence of the disease*.

*Venereal Diseases, New York, 1883.

I was called to see Mrs. M., æt. 28, whom I found suffering from almost complete hemiplegia, with loss of cutaneous sensibility in the arm and limb of the affected side. There was aphasia and a slowness of utterance, and a sullen, unpleasant expression in the face. There was intense headache coming on late in the day and nocturnal rheumatism. There was no knowledge of the initial lesion. The woman believed she suffered from nervous headache and her physicians had treated her with morphia, quinine, mustard and tonics. But she had grown slowly worse and more helpless physically, while the mind became feeble and memory imperfect. She would shed tears without any provocation, and could not tell why she would find herself weeping. Her mornings were comparatively free from pain, and her mind more steady. Owing to her age and the slowness with which the paralysis came on, accompanied with the headache and nocturnal pain, I was of the opinion the trouble was syphilitic. I gave mixed treatment: giving the iodide in five-grain doses every two hours, with 1-60 gr. hydgr. bichlor. and a nourishing diet. My friend Dr. Close, of Bellair, in whose charge I left the case, pushed the treatment vigorously; the improvement was rapid and in a few months the woman was doing her work, and was well and hearty. In conversation with her husband since, I found he had a sore several years ago, but it was such a small affair he said, that he never thought of it.

Otis, mentioned above, says the lesion in cerebral disease (gummy deposits) is most probably germinal matter in the adventitia of the arteries, quoting from Huebner,† and Edes,‡ and is sufficient to produce symptoms of pressure, then irritation, finally obstructed circulation and consequent softening. Mr. Hutchinson of London,* speaking of brain syphilis says: "If we say that we recognize three forms of cerebral disease: one in which the symptoms result from arterial occlusion; one from gummata; and one from periosteal thickening, we may assume that sudden attacks of paralysis denote one, that the second has all the symptoms of tumor, and that severe pain and headache go with the latter. No doubt in some cases all three lesions present together, and in many two of them." In my case then the second and third conditions must have been present.

I have noticed women suffer less, as a rule, than men, from syphilis, and the manifestations are fewer. I would like to ask why is this so, and why do we see fewer cases of the disease in women than in men. In conclusion I do not believe small doses of iod. pot. in these will do. I gave in this case 60 grs. *per diem* to commence with, and slowly increased the dose.

†Cornil and Ranvier, Path. Hist. Am. Ed., p. 331.
‡Physiological Path. of Syph. Otis, 1881.
*Med. Times and Gazette, Feb. 7, 1877.

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Ovariotomy Before Mixed Assemblies.—"A Member of the State Medical Society" pleads so earnestly for just one more word anent this question, that we have not the heart to deny him it: While I admit that the fullness and explicitness of Dr. Maclean's reply to my questions touching this important matter has quite taken the wind out of my sail, I take much consolation in the fact that, because of my importunity, he has deigned to vouchsafe me an answer. The lesson has been an instructive one. *Nil desperandum* will henceforward, for ever, be my motto, and let our "Scot wha hae" still proudly fly on his banner *nemo me impune lacessit*. But in this bristling age one who is anxious for light must not be too much afraid of being sat down upon. I am not a gynæcologist, nor an ovariotomist, but simply one of the *ὁι πολλοι* whom Professor Maclean invited to witness his great feat in the ampitheatre at Ann Arbor, in May 1882. He failed on that occasion to say aught touching his neglect of those antiseptic precautions which it seems I erroneously supposed were insisted upon by *all* the masters in ovariotomy. I ventured to ask him a question on this point, but he treated my desire for light with that silence which cannot be truthfully said to be the gentleman's characteristic. It struck me that the present occasion, when the question of ovariotomy is again at the fore, afforded a good opportunity to once more ask my question. My perseverance was rewarded by a letter in the Age for which I am sure its readers will thank me. Of course it was not to have been expected that the gentleman's letter should be devoid of personalities. The Ethiopian's skin and the leopard's spots, you know. What is bred in the bone will manifest itself in the flesh, is a popular expression of a great physiological truth. But it's all right. The doctor gave us some good points on ovariotomy, and as an indulgence of his unfortunate propensity to be personal pleases him and doesn't hurt anybody, why, let him indulge it.

Just one more word on my *incog.* It was my timidity rather than my modesty (although the latter is excessive), which caused me to write over a *nom de plume*. I knew right well the nature of the gentleman whom I addressed, and it was just in anticipation of the style of his rejoinder that I kept shady. Some may say it is cowardly not to write over your own proper name. That is true only in the case of a personal attack, which my question touching Dr. Maclean's method as an ovariotomist by no means was. I am sorry now, however, that I did not write in *propria persona*. To have done so would have saved "the gentleman who performed ovariotomies in one day" the ill-natured sneer from our doughty professor; it might, moreover, have spared your readers that execrably *gra[illegible]* he learned punster and redoubtable champion who rushes so valiantly to the rescue when "the University is attacked," is barking up the wrong tree this time. Will he have the magnanimity to acknowledge that he has deliberately gone out of his way "to insult an unoffending fellow-practitioner"? If he does, the fact will be evidence that his residence in a city has already commenced to exert on him its broadening influence, and that the leopard's spots may, after all, be capable of slight change. I shall await the appearance of the next Age with unusual interest.

As further bearing on the above we give place to the following note received from Dr. Hal C. Wyman, of this city:

The Medical Age for Dec. 10th, contains an article from the pen of Dr. Donald Maclean which I

believe does me great injustice. It is intended as a reply to an article which appeared in your journal of Nov. 25th, over the *nom de plume* "A Member of the State Medical Society," and which he (Dr. Maclean) says contained adverse criticisms of his methods as an ovariotomist, and questioned his statements about having seen Dr. Keith operate. Dr. Maclean insisted that the author of the unpleasant criticisms, etc., has made unsuccessful ovariotomies, and that he has made two such operations in one day, and is, therefore, deserving of the abusive epithets so liberally bestowed. Now, as I am, probably, the only member of the State Medical Society who has performed two ovariotomies in one day, there can be no doubt but that I am the person Dr. Maclean thinks wrote the "adverse criticisms." I am not the author of them. My relations with Dr. Maclean more than ten years ago, as a member of the surgical staff of the University of Michigan, were such as to lead me to believe that he knew that I would not resort to a *nom de plume* when I wanted to charge him with falsehood.

You will pardon me for replying to Dr. Maclean with a quotation or two from a recent letter by himself to your cotemporary, the Detroit Lancet. Conceding his version of the Lancet's reference to be correct, the language which he employs in reply to them is not inappropriate to my case: "This gratuitous insult to me, an unoffending fellow-practitioner, amounts to malicious libel, and ought, in my opinion, to have determined the exclusion of his article from the columns of a respectable medical journal." "That *you*, sir, should have lent your columns to the propagation of such a vile slander, witnout in the first place, making, *for your own sake* (the italics are his) some slight effort to arrive at the *facts*, passes my comprehension." "Living, as you do, within a (few) block (s) of me, and with telephone connection at that, there could have been no difficulty in your obtaining a full statement of the truth from me."

I have only to say in reference to my ovariotomies, that while I regret any misfortunes which may have attended them, as profoundly as Dr. Maclean regrets the assaults on his honor, I shall not threaten any one with prosecution for publishing them.

Dr. R. S. Sutton, of Pittsburgh, Pa., sends the following letter to Dr. Leartus Connor, which that gentleman reproduces in his journal, the Detroit Lancet, for December:

"DEAR DOCTOR—Under the heading of 'Professional Courtesy' in the Physician and Surgeon there has just appeared an attack upon you so unscrupulous, untrue and unjust, that I hasten to say a word about it. I wrote the letter in the Cincinnati Obstetrical Gazette from which you made an extract. I now state to all interested that you did not know to whom that extract referred.

I made that statement on the authority of Dr. Keith. I believed it to be true. In the MEDICAL AGE I see a few lines purporting to be from a letter of Dr. Keith. If the owner of that letter, who was so prompt to announce himself as the only man in Michigan who had published a series of ovariotomies, and who says I lie and libel him, can prove it by the publication of that entire letter, let us have it. I am ready."

In reply to the above Dr. Donald Maclean sends us the following "open letter" to Dr. Connor:

"MY DEAR DOCTOR—Since you can accept and publish such a certificate as that of Dr. Sutton's in your last issue, and since Dr. Sutton is able to ignore the distinction between 'the only professor of surgery in Michigan' and 'the only man in Michigan who,' etc., etc., I repent me of having condescended to have any controversy whatever with either of you.

"I will indulge the hope that the time may speedily come when it may be truthfully and joyfully said of each of you that he is 'clothed and in his right mind.'

"When that time comes (if it ever does) I promise you that I will do my best to forget and forgive the weak and wicked methods of your present madness, and will do what I can to reinstate you in the confidence and respect of people who value truth, honesty and common sense.

"Poor Dr. Sutton has evidently been too long abroad and had access to too much, and 'much learning has made him mad.' I regret that in my own defence I was compelled to call public attention to his deplorable condition. All charitable people will join me in hoping that his aberration, like your own, may prove to be but temporary."

And now, gentlemen, permit us to say that the professional public will be obliged, as far as these columns are concerned, to decide from the evidence before them, whether or not Dr. Maclean saw Dr. Keith operate. The year closes with our present number, and if, haply, its sun shall go down on your wrath, the "irrepressible conflict" must be waged elsewhere than in the AGE.

WHAT IS AN ECLECTIC?—Dr. P. L. Templeton of Montpellier, Vt., writes as follows on this question: "You ask in your issue of Nov. 26 'But why * * * should there be any such title as eclectic? Is not the ancient and honorable title of physician broad enough to compass all who practice the healing art?' That it should be no one can deny, but is it? The 'eclectics,' as you are very likely aware, were not formed by a sudden revolt from the 'regular,' nor were they the result of a 'one-idea man.' In the early part of the 19th century bleeding and mercurialization were the popular and common treatment among our physicians. The country was sparsely settled, the communication from farm to village and town to town was very difficult, and among the people there was a familiarity with our indigenous plants, as medicines. The success of these as compared with mercury and the lancet could not but be noticed, and doctors, many of whom we must own were illiterate or home educated, came into competition with the 'regular' physicians. This new class of physicians said: 'Equalize the circulation; sustain the vital forces.' And they cast aside the lancet, mercury, lead, antimony and arsenic. Some of the more prominent were imprisoned, fined, and put to much trouble and expense by their 'regular' brethren (not by the community), and it became necessary for their protection that they organize.

The title 'eclectics' signified their intention to use means from whatever source for the benefit of their patients. Of course no good could come out of Nazareth. Regular physicians refused in any way to recognize us. Dr. King discovered and made known the therapeutic properties of podophylum peltatum. Several years after its use by us it was discovered by a 'regular' physician in the regular way, and directly became officinal. From that time till the advent of Parke, Davis & Co., nothing was discovered or introduced except by the 'regular' way. The reading public know the opposition made to the introduction of cascara sagrada and other remedies recommended for investigation by the late Dr. Bundy, (an eclectic). Is the exclusiveness of the 'regular' profession due to our ignorance? 'Nobility imposes obligations.' They are in the majority. Hardly a hospital but is in their control. These are mostly supported by the public purse and clinical material is utilized by their professors; yet in their announcements, after detailing their advantages and the benefits which the student may derive from them, they say the student must study three years under a 'regular' practitioner. The student is supposed to pay for his instruction. Does this mean, then, that the instructions are adequate for the 'regular' student, but that the examinations or instruction, or both, are inadequate to prepare a student for active practice who has studied three years with a physician who honestly believes that minerals may in many instances be replaced with benefit, by roots and herbs or their equivalents in fluid form? So long as we must fight against attempts to pass unjust medical laws to crush us out of existence, so long as we must unite to be educated in liberty and honor, so long will it be before the honorable title of physician will suffice for the 'regular' and the 'irregular.' May that time soon come.

I cannot afford to do without a journal containing so much life and independence as is possessed by the MEDICAL AGE. Enclosed please find money for the renewal.

PREVENTIVE TREATMENT OF MAMMARY DISEASES.—Dr. Richard Wood speaks with much confidence in the Midland Medical Miscellany of the following plan of treatment by way of preventing the development of mammary diseases:

After a confinement all may go on well for three or four days or more, when the patient may complain of soreness about one of the nipples. Always let us pay immediate attention to her complaint and request; both are warnings to us which must never be disregarded A glass shield with a tube and an india-rubber nipple for the infant should be at once used. Tannin glycerine applied frequently, and if, notwithstanding these precautions, the mother continues to suffer, the child must be taken from the breast, and probably the pain will subside and all go well, provided there is no tenderness in the substance of the breast; but if tenderness and pain are left in it, attended with some appreciable hardness confined to one place, and some redness, our best endeavors must at once be directed to the treatment, and no time must be lost. Should shivering have occurred we may already be too late.

To insure success we should take the case in hand on the same day as that on which the pain and hardness are first noticed.

Upon being called to a case in the early stage, we apply a piece of lint doubled four times, and large enough to cover the neck and tender part of the breast, having previously soaked the lint in one ounce of belladonna liniment, with some gutta percha tissue to cover the whole, and then this is bandaged up carefully with three bandages, each six yards in length. Internally we prescribe gr. x. of calomel in a pill and the following mixture:—

℞—Tr. belladonnæ f. ʒ ii., mag. sulph. ℥ iss.
Spt. chlorof. ʒ ii., aq. destill. ad. ℥ vj.
Mist. ft. Two tablespoonfuls every three hours,

In the case of very delicate women, we must watch the effect of the medicine and stop it if the bowels act more than four or five times, to be resumed again on the following day; but the belladonna should not be stopped unless the throat, or head, or tongue, or pulse, make it necessary. The next day the dressing should be removed and the lint soaked in more belladonna liniment, and reapplied as before, taking care to support the breast well up by bringing the bandages round the neck and shoulders every time. After about three days the hardness and inflammation should have disappeared, in which case the dressings need only be repeated a few more times every alternate day. All stimulating beverages should be stopped from the first day of treatment, and likewise meat; in fact, for the first day the less she eats the better. At the same time the nurse should have orders not to be afraid to give brandy if there should be signs of fainting in consequence of the violent action of the aperient.

He states it as his firm belief, based on an experience of ten or twelve years, that no breast during lactation would ever suppurate if the above treatment could be adopted early enough. Unfortunately the physician is not called until it is too late—sometimes three days after the hardness and pain were first experienced.

HYPNOTISM.—Tamburini and Seppilli (London Medical Record) have investigated hypnotism from a purely objective side, studying the modes of producing the phenomena, the various stages exhibited, and the effects on motion, sensation, respiration, and circulation. Following Charcot and Richet, they divide the phenomena into three stages. According to the present authors, the first stage is the lethargic; the second, the cataleptic; and the third, or most intense degree of the phenomena, is the somnambulistic. The authors have given their attention more especially

to the first two stages. It should be noticed that in some patients the lethargic stage occurs primarily; in others the cataleptic. The hypnotic sleep can be induced in one of various ways: by steadily fixing the eyes, by a gentle and prolonged noise, or by slight and frequently repeated tactile sensations. The lethargic state is characterized by exaggerated muscular contractility, exaggerated tendon-reflexes, and paradoxical contraction of Westphal. The respiratory movements are deeper and more frequent, and the circulation shows increase in volume in the peripheral vessels. There is also hyperæsthesia. The cataleptic state, on the contrary, exhibits plastic flexibility of the limbs, diminished tendon-reflexes, diminished sensibility, slow and superficial respiration, and contraction of the peripheral vessels. The somnambulistic condition is marked by general and lasting contracture, which does not yield either to the stimuli or to the action of the antagonistic muscles. The subject can, by suitable stimuli, be passed from one stage into another; and even one half of the body may be thrown into the cataleptic state, the other half remaining in the lethargic condition. For example, let the hynotic sleep be induced by gentle pressure of the eye-balls. The patient falls into the lethargic condition with exaggerated muscular contractility. Now, if one eye be opened and exposed to a strong light, that side becomes cataleptic. One of the most curious phenomena is that the repetition of the stimulus that gave rise to any particular stage of hypnotism restores the patient to his original condition (that is, to the condition in which he was when the stimulus was previously applied). Thus, to remove a person to the hypnotic state, it is only necessary to repeat the stimulus that excited the condition; the different effect depending, according to the authors, on the different conditions of the nerve-centres at the times of the different applications. In regard to the interpretation of hypnotism, Tamburini and Seppilli do not think that the phenomena are due to the removal of the inhibitory influence of the higher centres. On the contrary, they believe that the diverse phenomena of the lethargic, of the cataleptic, and of the somnambulistic states are only so many various manifestations of the increased excitability of the centre motor apparatus. The investigations made by these authors are worthy of attention, though their belief in magnets and metals indicate that their conclusions should be received with caution.

Concerted Action by State Boards of Health.—There has been a growing conviction among leading sanitarians interested in the official execution of practical health measures, that while the work of the American Public Health Association is of inestimable value in promoting the interests of sanitary science and sanitary reform, there is a constantly increasing need of an annual conference of State and other health officials, in regard to practical affairs of their every-day work, some part of which work cannot profitably be discussed in a public meeting consisting largely of persons who are not familiar with its details.

After due consideration, a meeting of representatives of State Boards was held at Detroit, during the recent meeting of the American Public Health Association, at which, after discussion, it was decided to call a meeting of the secretaries or other representatives, of all State boards of health, in Washington, during May 1884, for the purposes mentioned, and with a view of organizing a section devoted to State Board work in the present Association, or the formation of a permanent separate organization especially adapted to the needs of State Boards of Health. Drs. Henry B. Baker, of Michigan, and J. N. McCormack, of Kentucky, were appointed a committee to confer with and secure the coöperation of all the State Boards in fulfilling the object of the meeting, and Drs. C. W. Chamberlain, of Connecticut, J. E. Reeves, of West Virginia, and Stephen Smith, of New York, were appointed a committee on organization, to report at the meeting in May. The American Medical Association meets in Washington in May, and another reason for holding the meeting in Washington is that the representatives of the State Boards may also have an opportunity for conferring with the senators and representatives in Congress from their respective States, in regard to national sanitary legislation. It would seem that whenever the health authorities of the States shall meet, discuss, and agree upon the course they will pursue with respect to yellow-fever, cholera small-pox, or any disease which endangers public health without regard to State lines or borders, and whenever all State Boards shall act in concert, considerable progress will have been made in solving the problem of what are the best methods for national action in regard to inter-state and maritime quarantine, or inspection and disinfection, as well as in the practical control of epidemic diseases within the several States of this country.

The Moral Influence of Good Cooking.—Dr. W. M. Williams, in the Popular Science Monthly writes: Some people may be inclined to smile at what I am about to say, viz., that such savory dishes, serving to vary the monotony of the poor hard-working man's ordinary fare, afford considerable moral as well as physical advantage.

An instructive experience of my own will illustrate this. When wandering alone through Norway in 1856, I lost the track in crossing the Kyolen fjeld; I struggled on for twenty-three hours without food or rest, and arrived in sorry plight at Lom, a very wild region. After a few hours' rest I pushed on to a still wilder region and still rougher quarters, and continued thus to the great Jostedal table-land, an unbroken glacier of five hundred square miles; then descended the Jostedel itself to the opening on the Sogne fjord—five days of extreme hardship, with no other food than flatbrod (very coarse oatcake),

and bilberries gathered on the way, varied on one occasion with the luxury of two raw turnips. Then I reached a comparatively luxurious station (Ronnei), where ham and eggs and claret were obtainable. The first glass of claret produced an effect that alarmed me—a craving for more and for stronger drink, that was almost irresistible. I finished a bottle of St. Julien, and nothing but a violent effort of the will prevented me from then ordering brandy.

I attribute this to the exhaustion consequent upon the excessive work and insufficient, unsavory food of the previous five days; have made many subsequent observations on the victims of alcohol, and have no doubt that overwork and scanty, tasteless food are the primary source of the craving for strong drink that so largely prevails with such deplorable results among the class that is the most exposed to such privation. I do not say that this is the only source of such deprived appetite. It may also be engendered by the opposite extreme of excessive luxurious pandering to general sensuality.

The practical inference suggested by this experience and these observations is, that speech-making, pledge-signing, and blue-ribbon missions can only effect temporary results, unless supplemented by satisfying the natural appetite of hungry people by supplies of food that is not only nutritious, but savory and *varied*. Such food need be no more expensive than that which is commonly eaten by the poorest of Englishmen, but it must be far better cooked.

THE ILL-DOINGS OF FLIES.—Dr. B. Grassi, of Rovellasca, reports, in a recent number of the Gazetta de gli Ospitali, some investigations he has been making on the above subject. He has convinced himself that the common-house fly is a dreadful enemy of the human race as of all living things in general. Whenever any infectious product is present, for instance, the sputa of phthisical patients, or dejecta from the intestinal tract, swarms of flies are to be seen, which soil themselves with the offensive material, and then crawl about over our food. The writer placed a plate containing a large mass of the ova of a human parasite (Trichocephalus) upon a table in his laboratory, which was situated at the distance of about thirty feet from the kitchen. Sheets of white paper were placed in various parts of the kitchen, and in the course of a few hours, the dejecta of flies were observable on the paper. Upon examination of these with the microscope, they were found to contain some of the ova of the parasite. Dr. Grassi then killed some of the flies, and found an enormous mass of fæces containing more of the ova. On another occasion he minced some segments of tape worm that had been preserved in spirit, and put them into water so that a mass of ova were suspended in it. In half an hour he succeeded in finding the ova of the parasite in the abdominal contents of the flies, and also in the spontaneously deposited dejecta. In like manner it could be proved that flies that had alighted on mouldy cream harbored the spores of *oidium lactis*. It is useless to comfort one's self with the thought that these germs die in the intestines of the flies. Even if the intestinal juice do act upon them, and it is not proved that it does in the case of bacteria, some would almost certainly escape destruction. In any case, moreover, the legs and proboscis would still serve as carriers of the infection. He proposes that attempts shall be made to introduce the same disease amongst them in the spring time that already causes such devastation in the autumn.

SCARLET FEVER IN HORSES.—Scientific American: For some time past scarlet fever among horses has attracted considerable attention, and committees from three medical societies are now investigating the subject. The disease was first described in horses, in 1514, and from that date to 1610 there are evidences showing its simultaneous appearance in both horses and men. The conclusion has been drawn by some writers that it originated in horses and was by them communicated to man. The New York Sun reports Dr. John C. Peters, chairman of each committee, as saying:

"The most remarkable results have been obtained by Dr. J. W. Steckler, of Orange, N. J. He had some equine virus sent to him by Dr. Williams, of Edinburgh. Dr. Steckler inoculated twelve children, who were afterward exposed to the disease of scarlet fever and did not take it. That was last May or June. He has inoculated two young colts and reproduced the disease among them. He failed with a calf, showing that the horses were more susceptible of the disease. Another set of children were inoculated, all of whom were living in the same room where a case of scarlet fever had broken out. Some who had been exposed before the inoculation took the disease, but a majority escaped. There was only one case that looked like failure. Dr. Steckler will cultivate the virus and prove his experiments. He is sure to meet with great opposition, and possibly as much as Jenner did, but I have no doubt he has made a discovery as great as Jenner's, and one that will prove as signal an epoch in the history of medicine."

Cleanliness in the stable, good ventilation, pure water, and reliable disinfectants, are the best preventives.

POISONOUS EFFECT FROM OIL OF SASSAFRAS.—Dr. C. Barlow, of Eaton, Ill., contributes the following: I put up some oil of sassafras for a gentleman to use for chronic bronchitis. He took a few drops of it internally three or four times a day and thought he experienced some relief from it. He had two boys in his employ who were about fifteen years of age, and who complained one evening of sore throat. He advised them to take some of his oil of sassafras, which they did. He supposed they took about half a teaspoonful, but from the appearance of the bottle

I judge they took about a teaspoonful apiece. I was sent for, hut in my absence another practitioner (an eclectic) was called. It was his opinion that the hoys were poisoned hy some unknown poison which was in the oil. Some time after taking the oil, I was told, a kind of intoxication or delirium was produced in one of the boys, which was followed hy vomiting and pretty severe gastric irritation, which lasted for several days. The other hoy did not become so much intoxicated, hut vomited some. Of course I was held responsihle for the unknown poison which the oil was supposed to contain. I satisfied the parties interested that the oil was not poisoned. I have examined several works in regard to the physiological action and toxicology of the oil of sassafras hut do not find much said about it. Now I wish you or some of your readers would give me the desired information through the columns of the MEDICAL AGE.

PTOMAINES.—R. N. Wolfenden concludes an article in the cadaveric alkaloids, in the Lancet, with the following summary:

1. There are developed in the hody, post-mortem, poisons of an alkaloidal character, and which can he ohtained also by decomposition of albumen, peptone, caseiu, muscle, brain, etc. Moreover, they seem to he present in some normal secretions (saliva and urine).

2. These cadaveric alkaloids may be mistaken, post-mortem, for vegetal poisons administered with evil intent, but if the body he examined within twenty-four to forty-eight hours after death, any alkaloid there found would he strong presumptive evidence of poison and not ptomaines. After a couple of days it would he a matter of douht.

3 There is no satisfactory test surely indicating the presence of ptomaines. Physiological characters must be taken in conjunction with chemical tests.

4. Prohahly the production of ptomaines within the living hody may be the pathological cause of many obscure conditions, especially those following on poisoning by food, such as stale fish, etc.

NEEDLESS, USELESS COUGHING.—Dr. M. C. L. Kitchen, of East Saginaw, Mich., writes: "I have heen waiting for some one to call for an explanation regarding Chas. J. Hare's formula, for the relief of "Needless, Useless Coughing," on page 312 of your number of October 25th last. If you will take the trouble to look over the formula you will find that without the addition of aqua it amounts to ℥ viss, whereas it calls for aqua ad., ℥ vj. When I saw the formula I thought it looked like one worth trying, hut on footing it up I had to reduce the syr. of red poppy and let the patient add the water."

We thank Dr. Kitchen for calling attention to this manifest error. A change of the "℥" sign to "℥" in the amount of mucilage acacia, will be found to correct it.

The North American Review for January presents a table of contents possessing in the highest degree the character of cotemporary human intcrest. First, the opposite sides of the question of "Ecclesiastical control in Utah" are set forth hy two representative men, President John Taylor, (the official head of the Mormon Church) and the Hon. Eli H. Murray, Governor of the Territory of Utah. Senator John I. Mitchell writes of the "Tribulations of the American Dollar." In an article entitled "Theological Re-adjustments" the Rev. J. H. Rylance insists upon the necessity of eliminating from the formularies of helief and from the current teachings of the churches, whether in the pulpit or in the Sunday-school, all doctrines and all statements of supposed facts which have been discredited hy the advance of exegetical scholarship, and hy the progress of natural science. Senator Henry W. Blair, has an article "Alcohol in Politics." No one who read in the December Review the first half of "The Day of Judgement," Gail Hamilton's incisive review of the domestic life of Thomas Carlyle, will forego the pleasure of perusing the latter half in the current number. "Evils Incident to Immigration" hy Edward Self, is a forcible statement of the mischiefs wrought hy the importation into our social and political life of an enormous annual contingent from the lowest stratum of the population of Europe. Finally the suhject of "Brihery hy Railway Passes" is discussed by Charles Aldrich and Judge N. M. Huhbard. Published at 30 Lafayette Place, Nəw York, and for sale hy hooksellers generally.

In a recent editorial on medical wit, the Medical Record quotes Locke as saying that a man of wit cannot he a man of the hest judgement. It, moreover, intimates that the superiority of the profession of England and America as compared with that of France is indicated in the scarcity of wit in the former as compared with its prevalence in the latter. It says that all the wit of which the profession of this and the mother country has heen guilty in many years, would not spoil a single doctor. Such instances of self-abnegation as this are remarkahle for their exceeding rarity. But it only adds to the piquancy of our contemporary's wit to thus learn that it is often very witty without itself heing aware of the fact. It is these unconscious (suhjectively unconscious, of course) flashes of wit that are so transporting. If a man may not, certainly a journal may, emit much of this kind of wit without danger of spoiling. Of this latter fact our esteemed contemporary is a living witness.

Referring to the much-needed improvement in the matter of proof-reading in the Journal of the American Medical Association, the Weekly Medical Review says: "What is true of the individual is true, with the necessary changes, of the nation, and with such a representative abroad of the American profession, how can we expect to secure that recognition abroad which many of us think the conscientious American physician is entitled to. How hu-

miliating and aggravating it must be to the well-posted physician abroad." While we endorse this sentiment we cannot but remark that the typographical errors of which the writer complains, will be scarcely more "humiliating and aggravating to the well-posted physician abroad," than the bad English which some journals occasionally employ. On the whole we should prefer typographical errors to bad English. The former are accidents—the latter is a crime.

John Wesley, the founder of Methodism, was also something of a doctor in his way. He even wrote a small work on popular medicine the teachings of which would to-day be held to be a trifle peculiar, to say the least. He was particularly down on the regular physician,and,like many ministers of later times, was partial to empiricism. His holy zeal against shot-gun prescriptions is illustrated in the following, which viewed in connection with the polypharmacy of his day, is not altogether without reason: "The common method of compounding and re compounding medicine can never be reconciled to common sense. Experience shows that one thing will cure most disorders at least as well as twenty put together. Then why do you add the other nineteen? Only to swell the apothecary's bill? Nay, possibly on purpose to prolong the distemper that the doctor and he may divide the spoils."

Dr. Percival Willoughby, of Derby, wrote thus in his "Manual for Midwives." (17th century): "Let midwives observe the waies and proceedings of nature for the production of her fruit or trees, or the ripening of wallnutts or almonds, from their first knotting to the opening of the husks and falling of the nutt, the green husks sticking so close that it is not possible to separate the husks from the shell whilst it is unripe, but as the fruit ripeneth the husk choppeth and with a fissure openeth, and by degrees separateth the fruit without any enforcement." The above instructions the Midland Medical Miscellany interprets to mean: "Don't interfere, but have patience." The idea of a would-be *accoucheuse* beginning her professional career by attending a parturient walnut, has an air of refreshing originality about it that must commend itself to the careful obstetrician.

Facilis est descensus Averni. St. Louis doctors having freely advertised themselves by attaching their signatures to certificates extolling Bromidia and sundry other nostrums, we were not unprepared for their latest exploit in this direction. The certificates of six of their number, prominent all, are now being used to advertise a something which is placed on the market under the euphonious title of "coca-plug." Coca plug is defined to be a combination of tobacco and coca, and our brethren in St. Louis declare that tobacco taken in this combination is less injurious than when taken "straight." Truly our brethren in St. Louis have gone into big business!

A French journal gives the following as an illustration of the American method of advertising: A man suddenly falls in a crowded thoroughfare, and works as in an epileptic fit. A by-stander remarks on the excessive quantity of froth which escapes from his mouth. The "epileptic" then gets up and says: "Yes, ladies and gentlemen, but the reason I froth so much is because I have soap in my mouth. It is the famous article made by Messrs. Sapo & Co., of 400 Railway Street. It is the softest and the most unctuous and agreeable product now on the market. Its price is reasonable and its transportation free." The crowd moves on.

The County Clerk of Wayne county has construed the new Michigan Medical Act according to what he thinks was the intent of the legislature. He does not think it was the intent of that body to do as the act makes them do, viz., prevent qualified practitioners from registering after the 6th inst. He, therefore, has re-opened his books and will keep them open for the admission of all who are qualified under the act.

Dr. William Brodie of this city, has been appointed Surgeon-in Chief of the G. T. R. R. and all the lines under the control of that corporation west of the St. Clair and Detroit rivers. Under the new regulations of the corporation his duties will be somewhat onerous, but it is gratifying to know that the emoluments of the office will fully compensate him. We congratulate the doctor on his good fortune.

It is reported that all the anatomical material which a medical school (a regular medical school, too) in a neighboring state has been able to "raise" thus far this season, is limited to a nine-months old babe. This innocent little infant has been doing duty for the entire class. Cadavers seem to be scarce in that neighborhood, but just wait until those students get their degrees!

Parties wishing their addresses changed must send their old address in connection with the new. It is practically impossible to look through the long subscription list of the AGE for old addresses, and those whose requests have not been complied with will discover the reason in this fact.

An old lady, a relative of Mrs. Partington, doubtless, gives it as her opinion that homœopathy is the preferable system of practice for infantry, but thinks allopathy is better adapted to adultery.

AN ENCYCLOPŒDIA INDEX OF MEDICAL SURGERY. Edited by Edward J. Bermingham, A. M., M. D. Price, $5 00 in cloth; $6.00 in sheep
New York: Bermingham & Co.

This is an octavo volume of 934 pages. Its title is fully descriptive of its purpose. Its range is the whole field of medicine and surgery. The subjects are arranged in alphabetical order, with cross-references, thus obviating the necessity for an index. The list of authors who have contributed to it em-

braces gentlemen whose names are familiar to the profession in connection with the subjects on which they have written, which fact is a guarantee of the reliability of the work as a book of reference. For a work of this size to cover so vast a field necessarily implies much condensation. The latter has been done by the editor, and a very superficial examination is enough to convince one that he has succeeded remarkably well. The book is a library in itself and will be especially appreciated by the physician who thinks he cannot spare the time from his practice to read full and systematic works on the various diseases discussed. It is printed in clear type and the mechanical execution is on the whole remarkable, when the price of the book is considered.

Miner's Complete Obstetric Record. Combining Full Medical Statistics with the Usual Record. Price $1.00.
Ann Arbor, Mich.: Joel A. Miner.

This book provides for all the usual records as required by the various state laws. In addition to this, it provides for a full history of the pregnancy, and of the events of the lying-in chamber; also for setting down with least labor every notable characteristic of father and mother, or other ancestor; and lastly, the future medical history of the child, so far as it may be known.

At the top of each page of blanks there is a reference table of numbered items. By merely writing down the numbers preceding these items in the proper places in the blanks below the table, a record will be secured of the majority of the important items. Whenever a full record is not desired, this result is secured by ignoring this table. In connection with each blank there is abundant space for making those full entries concerning the pregnancy, or the accouchement, or the family history, which cannot be provided for in a table of forms. Young physicians will find the use of the book a valuable means of maintaining the scientific spirit so essential to their success.

VISITING LISTS FOR 1883.

The Medical Record Visiting List and Physician's Diary for 1884.
New York: Wm. Wood & Co.

This is an exceedingly beautiful pocket record, being bound in flexible cover and gilt-edged. Sixteen pages are devoted to such information as it is customary to give in visiting lists—practical points useful in emergencies but apt to fail a treacherous memory. The compiler has shown unusual taste in his selection of this material, and a keen appreciation of the needs of the practitioner.

Lindsay & Blakiston' Physician's Visiting List for 1884. Thirty-Third Year of Its Publication. The Smallest, Strongest and Most Compact.
Philadelphia: P. Blakiston, Son & Co.

New features for 1884. The posological tables have been revised in accordance with the new Pharmacopœia, and there has been added a carefully prepared list of new remedies, Sylvester's method for producing artificial respiration, illustrated, and a diagram of the chest, as an aid in diagnosis. Increase of strength has been given the covers, and a new pencil, recommended for its durability, and specially manufactured by the Dixon Co., has been added. An edition of the list has also been manufactured without dates, which can be used until completely filled.

Miner's Physician's Memorandum Book. A New Weekly Visiting List with Clinical Columns and Ledger Sheets, (31 or 62 Patients). Fifth Improved Edition.
Ann Arbor, Mich.: Joel A. Miner.

This new visiting list has all the general advantages of books of this class. Its tables of printed matter are as serviceable as in any similar book; its size is that preferred by most physicians; and its variety of blanks covers all that is usually required in such books.

It has, besides, special claims to superiority in the general convenience of its blanks, its ledger sheets, its optional clinical record, its cash account, and its extra sheets for busy weeks.

The weekly business record sheet is good for any year, and any time of the year, and more or less than a page can be used each week.

Plaster-of-Paris as a Surgical Dressing.

BY H. O. WALKER, M. D.,* DETROIT, MICH.

(CONCLUDED.)

Of the great variety of contrivances that have been suggested for the relief of diseases of the vertebræ none are so efficient and simple as the plaster jacket of Dr. Sayre. Although it does not always effect a cure, neither does it always prevent deformity, yet we cannot question that the principle is correct, and it does undoubtedly in many cases effect a cure and likewise prevent deformity.

The application of a plaster jacket is familiar to most of you, yet to some of you a knowledge and brief description of its proper application may be of interest.

The materials necessary in the application of the jacket are, bandages, prepared as already described, a close-fitting, seamless shirt—such as can be bought in any dry goods store—but what is much better, a knit woolen one, making a perfect fit to all inequalities and prominences of the body, a "dinner pad" consisting of two or more thicknesses of cloth, (according to the size of the subject), to be placed under the shirt, over the abdomen and withdrawn after the plaster is dry. Everything being in readiness the patient is adjusted in the suspension apparatus, consisting of a tripod or hook in the ceiling; rope and pulleys, cross bar to which is attached a head and chin piece together with two axillary bands.

In suspension it is not necessary to lift the patient from the floor, but just sufficient to make him comfortable, although raising a small child entirely from its feet is not painful; in older persons it is quite irksome.

* Professor of Orthopedic Surgery, Genito-Urinary Diseases and Clinical Surgery in the Detroit Medical College. Read by title before the State Medical Society at Kalamazoo, Mich., May 10th, 1883.

The jacket should extend well up in the axillæ, and down over the wings of the ilii to the great trochanter.

Care should be taken to protect all bony prominences with one or more thicknesses of cotton batting.

It is not necessary to lay the patient after the application on an air, or soft bed, if the bandages are soaked in alum water, for the plaster will be solid by the time it is put on, to admit of the patient walking about. Jackets that are not solid in from 7 to 10 minutes after commencing to apply them, are in my opinion useless, for any let-up in the suspension before the plaster is solid, modifies materially its utility.

When the disease is in the upper part of the column it will necessitate the building of the plaster higher up, extending it as far as the chin as represented in fig. 5. Sayre's jury mast can be used to ad-

Fig. 5.

vantage in these cases, yet the inability to procure it, except in large cities, frequently forbids its use, and my experience has been reasonably satisfactory in these cases in extending the plaster well up.

The removal of a jacket is easily done by cutting it down the center in front with a sharp knife, and should take place as often as every six or eight eight weeks, as a matter of cleanliness, and observation on your part. When union of the diseased vertebræ has taken place a laced jacket can be made of silicate of potash or soda, so as to allow its frequent removal for the purpose of bathing, and massage to develope the long disused muscles. The movable jacket in acute spondylitis does not act well and cannot be used to advantage until there is union of the bones.

The silica jacket was first suggested by Wolff, of Berlin, and is made from a solution of silicate of potash rubbed up with prepared chalk to the consistency of cream, into which is dipped roller bandages (two inches wide), of crinoline and these applied over the tight-fitting shirt to the extent of two or more thickness, and again over this an ordinary plaster jacket, taking care to see that all wrinkles are removed before the plaster is put on. After four or five days the silica will become hard enough to remove, first separating the plaster cast before cutting through the silica jacket. The shirt will have become so saturated with the silica that it is a part of the jacket.

Trim the edges above and below, and bind it with chamois skin which is done by using some of the silicate of potash.

Eyelet holes, at intervals of an inch and a quarter of an inch from the slit in the jacket, are readily made by such tools as shoemakers use, and the whole makes a light, firm, movable jacket which will last for a long time, such as you see in fig. 6.

Fig. 6.

In the treatment of hip-joint disease, plaster-of-Paris proves of value, especially in the first stage where absolute rest is desirable, and is best applied while the patient is suspended by a Sayre's apparatus, the well foot standing on a chair, and the other supported or extended by an assistant. The plaster extends from the ankle to the umbilicus, and made firm at the trochanter by interlacing perforated tin strips, or, what is still better, thin strips of hickory or any elastic wood, well soaked for a few hours before using.

Where exposure or extension of the joint is necessary, the apparatus is as depicted in fig. 7, which con-

Fig. 7.

sists of curved bars of iron attached above and below to proper sized pieces of perforated tin, and held in place by a few turns of a wet bandage. The apparatus as applied appears in fig. 5.

Where motion as well as extension is desired, the application of Stillman's sector splint serves a good purpose, Figs. 8 and 9. It admits of the patient's walking, allowing: "1. Extension at any angle with motion. 2. Extension at any angle with fixation. 3. Fixation at any angle. 4. Motion, complete or

limited, constant or occasional. 5. Exposure of surface about joint, admitting compression, elastic or otherwise, hot and cold applications, blisters, dressing and easy inspection. 6. Motion, extension and elastic tension by the addition of appropriate rubber cords."—Trans. Amer. Med. Assoc., 1881.

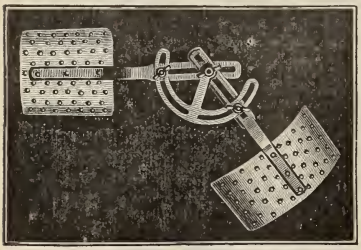

FIG. 8.

FIG. 9.

Fig. 10 illustrates a simple contrivance for treating knee-joint disease, which allows of inspection and application of remedies, and would prove of advantage if drainage was necessary, especially in resection of the joint.

Fig. 11 shows Stillman's sector splint applied for trouble of knee-joint.

Devices of a similar character are applicable for the treatment of a majority of joint troubles having for their basis of attachment, plaster-of-Paris.

The utility of devices in Figs. 3, 4, 5&6, 7 and 10 are manifest, from their simplicity, ease of application and cheapness, and serve equally as well in most cases as more complicated and expensive ones.

FIG. 10.

I do not wish it to be thought that there is nothing good outside of the plaster-of-Paris, and that the results are not as good with other means, but I do claim that the results are equally as good if not better with the plaster, and certainly the least trouble to the surgeon and greatest comfort to the patient.

FIG. 11.

Among objections offered against its use are: 1. That in cases where swelling exists it may produce gangrene or sloughing at the point of injury. This is easily prevented by a liberal padding of the parts with cotton batting. 2. That it prevents inspection,—an objection of some importance, yet this can be overcome by slitting open the plaster to allow of sufficient inspection to prevent catastrophe. 3. That it prevents exhalations of the part covered. Experiment has proved that it is far more porous than any other kind of splint, and admits of rapid absorption of moisture.

NOTE.—The reason that this paper did not appear in the Transactions of the Michigan State Medical Society was the fact that I did not receive the cuts in time for the secretary to publish it.

H. O. W.